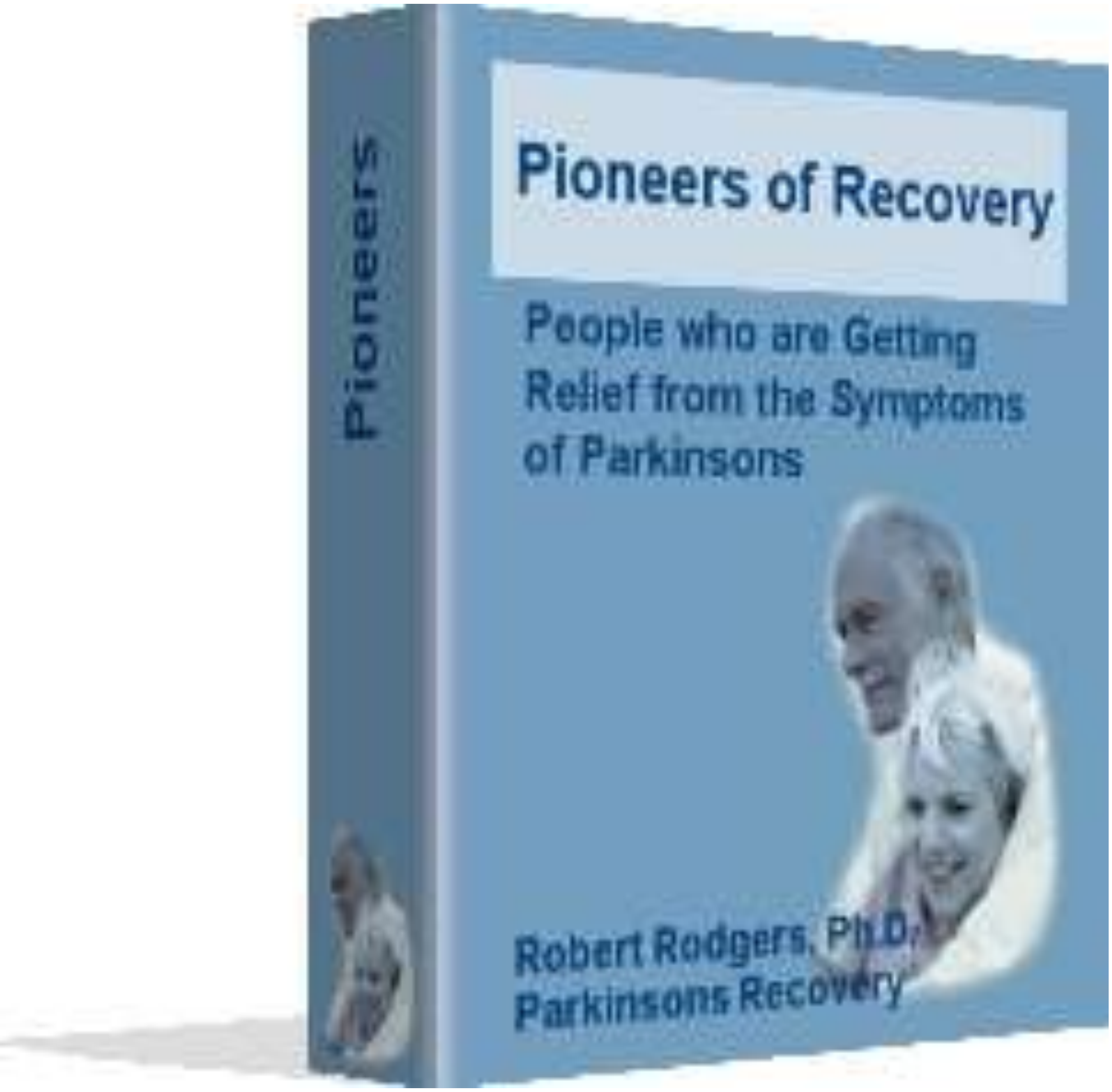

Pioneers of Recovery

People who are Getting Relief from the Symptoms of Parkinsons

Robert Rodgers, Ph.D.
Parkinsons Recovery

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Introduction

The stories from the 14 individuals I interviewed during the last part of 2008 and early 2009 are amazing in every respect. Each person is truly a pioneer of recovery.

Part I of the book consists of seven interviews with expert health care providers (and one famous comedian/juggler) who apply their skills, training and background to Parkinson's. Each of the modalities covered in the interviews has been helpful to persons with Parkinsons in one fashion or another.

Clearly, only certain therapies and modalities will be right for you. Please study the interviews carefully. Listen to your body. Use your intuition and judgment to decide whether the therapy or approach being discussed is something you might want to investigate further.

Extensive information is available when you click on the links throughout the book which are words underlined in blue. If you see a question in the Table of Contents you would like to see answered, click on the question in the Table of Contents and you will skip to the body of the book where that question is answered.

Each of the health care providers provides contact information. I encourage you to make contact with anyone whose approach and ideas call out to you.

Part II of the book consists of seven interviews with persons who have the symptoms of Parkinsons and have found fascinating ways to feel better. Two of the individuals (John Coleman, ND, and Nathan) are *symptom free today. They provide contact information in the event you might like to talk with them further. John is a naturopath doctor who helps people with Parkinsons find relief from their symptoms today, so he is also a health care practitioner.*

The other interviews in Part II are with individuals who for obvious reasons do not provide contact information. In several cases I have used a fictitious name to protect identities.

The goal of Parkinsons Recovery is to document the stories of persons who are finding ways to feel better and to document the histories of persons who are symptom free today. If you fit into either category, please contact me @ Robert@parkinsonsrecovery.com (1-360-866-9297 or toll free 1-877-526-4646). I would love to interview you too.

Robert Rodgers, Ph.D.
Parkinsons Recovery
www.parkinsonsrecovery.com

Photograph by Peter Thompson

Andrew Bentley -Herbalist

This is Robert Rodgers from Parkinsons Recovery. I am currently in the clinic offices of Andrew Bentley who is a herbalist. It is a pleasure and delight to interview him today.

What is your background and how is it that you came to be an herbalist?

I grew up in a family and area where herbal medicine was used a lot and got started learning about it that way. Later I traveled around the world and studied with different traditional healers in different places and tried to learn how different cultures use the medicinal plants that grow in their areas.

I have been practicing since the mid 1990's and for the last 6 or 7 years I have also been doing some lecturing at the University of Kentucky medical school. I have also published various different papers on herbal medicine in scholarly journals and things of that nature. I have worked with lots and lots of patients.

Lexington is a relatively large city compared to other cities in Kentucky. Many people are not going to know a lot about what an herbalist does. How many herbalists are there in Lexington, Kentucky?

I am pretty much it as far as Lexington goes. I believe there is another herbalist practicing in Louisville and there are a few hundred of us throughout the country.

For somebody who has no clue, what does a herbalist do for people?

When someone comes into see me or when I am doing a phone consultation I get a lot of information from them and ask a lot of questions about both the specific issues they are having and their general background, their health, their lifestyle, their diet and so on.

What I try and do with all of that information is to figure out which structures and functions in their body are working adequately and which ones are not. Based on that I try and recommend herbs that will be helpful for that specific person in that specific situation to have those structures and functions work more appropriately.

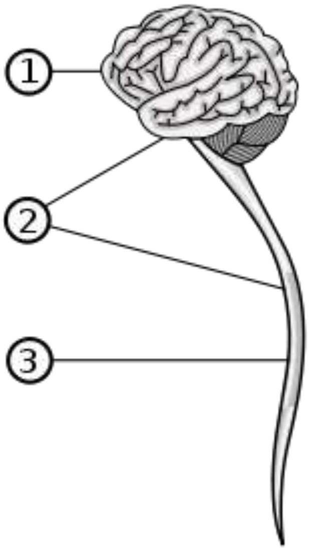
If I were to talk with you today about some symptoms I am having, we would talk, you would ask me a lot of questions, then you might have some recommendations of herbs that I might take. Would I then take a prescription to a pharmacy that would be filled at the pharmacy or how exactly does that work?

Like most herbalists I have a dispensary here in my clinic because not all of the herbs are readily available. If they were it would be possible to get them from a supplement store or health food store or someplace like that deals in herbal medicines. I try to keep everything I use on hand here so if I am using something unusual I can have it available for the person.

More specifically, you have seen many individuals with the symptoms of Parkinson's. Could you talk some about your observations in dealing with individuals who have the symptoms of Parkinsons?

Sure. My perspective involves less focus on a specific named disease entity and more focus on what is actually going on with the person's body. In people with these symptoms what we are usually seeing is a problem with the nervous system which can translate in to various different things coming up in other systems in the body because the nervous system is kind of the one in charge so to speak.

Problems result sometimes as a result of physical damage, sometimes as a result of drugs or other toxic substances. There are problems with the Substantia Nigra in the brain and problems with the production and uptake of dopamine in the nervous system, particularly in the central nervous system.



My focus in terms of working with these individuals is to try and support the functioning of the nervous system and particularly the functions by which the dopamine channels work in the central nervous system.

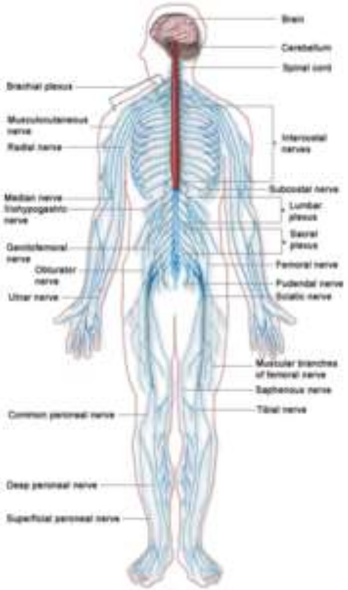
People are always on the lookout for particular ways to do that or particular herbs that can support those types of systems.

What herbs in your past experience are helpful for people who have central nervous system challenges?

There are certainly a lot of them and exactly which ones are appropriate include a lot of things that are going on with the person, including what sort of events might have precipitated the start of the symptoms.

For example, sometimes you will see Parkinsonian type situations that are a result of trauma. Other times it is maybe hereditary or we do not know where it came from. Maybe it is something that has come about as a slow process rather than something suddenly.

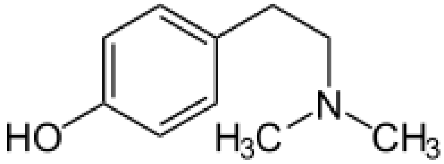
In all cases there is more or less something amounting to physical damage in the nervous system.



There are certain things that are fundamentally helpful with getting the nervous system to repair itself. One of the things I use in that capacity is an herb called Bacopa. Bacopa comes to us from the traditional medicine of India. As such it has a very long documented history of use for helping the nervous system repair itself.

Most of the herbs I use are a liquid extract and it is one that I use in that way. That can sometimes help. There are a few other herbs that help along those same lines that help with actually physically repairing the tissue in the nervous system. There are others ones that help to change the chemistry of the nervous system.

*A good example of that is Barley Malt Extract*Error! Bookmark not defined.. *It is a particular extract prepared from barley malt that contains a substance called Hordenine which has a very strong effect on the dopamine pathways in the brain.*



There are some other things that may help on a more symptomatic level or help more with the peripheral nervous system. For example Oat Straw extract helps to calm the tremors that most people have.

Valerian can also be helpful in that capacity sometimes.

There are several different categories of herbs that help with different functions and different structures in the body and in the nervous system.

In each of those categories there are many different herbs that might be helpful depending on the particular individual.

Robert: As I understand it then, it really depends on what the symptoms are that are presenting that would inform which herbs you would recommend the person begin taking.

If a person came in and had a dominate tremor, that would inform a certain set of herbs or maybe just one dominate herb versus if someone came in with a dominate symptom of pain and rigidity, that would inform a different recommendation of herbs. Do I understand this correctly?

Yes that is right. It depends on the presenting systems and to a certain extent which category of herbs we are choosing. Which herbs we are choosing depends a lot on the body type of the particular person and that person's constitution and make up.

If someone has a lot of tremors then something that is an anti-spasmodic might help more than if someone is experiencing a lot of pain and rigidity, in which case we might use an entirely separate type of things. Some things are helpful more or less across the board.

*For example, the Barley Malt extract is one that actually helps with the levels of dopamine*Error! Bookmark not defined. *in the brain which is almost always amiss in Parkinson's disease because of the nature of the condition. That is something that is usually helpful. It still depends on the person and what other therapies the person might be taking.*

For example, if someone were taking dopamine or Levodopa, I probably would not use that herb. It might increase the amount of those or decrease the clearance of those substances because then you start seeing things which are not really the goal. It depends on a lot of things but *definitely the presenting symptoms are a very big factor in choosing which herbs to choose.*

Robert: The bottom line is that people who decided to listen to this interview hoping that you were going to give them a particular list of herbs that they could take to feel better are not going to get that list. It is really idiosyncratic to the individual. It depends on exactly what is going on with the individual. I do have many people who ask very specific questions because the symptoms for Parkinsons are so varied.

Many people ask me a question about excessive salivation. They have a lot of worries and troubles with that. Is there anything off the top of your head that you would suggest as a possibility in the herbal area for that?

There are some things that might help with that. For example, oak bark extract taken in very small amounts can sometimes help with excessive salivation. Also sometimes if you have better muscle control in the muscles of the neck and throat and the face, that can sometimes help for the excessive salivation not to be a problem.

As far as the herbs go, although there is no one size fits all list, I would definitely be glad to talk about specific herbs more and say which ones I would use and under what circumstances they are helpful.

You mentioned people with tremors. I had mentioned oat straw as one thing that is sometimes helpful for that. A nice thing about oat straw is that it usually does not cause drowsiness. A lot of things that are anti-spasmodic also cause sedation. Sometimes people aren't looking for that. That is a helpful thing about that particular herb because it doesn't have so much of that effect.

Valerian is a much stronger herb for helping to suppress tremors but it does carry some risk of sedation, of feeling more drowsy and so forth especially when people first start taking it. Sometimes that lessons as time goes on. It is a very strong substance when it comes to helping control involuntary muscle movement tremors and involuntary movement of otherwise involuntary muscles. It is a good one for that.

Passion flower is also one that is helpful for some particular individuals. These are all things that would go into that category of working on tremors.

As far as rigidity goes, one of my favorite things for that is an herb called Artemisia or sometimes it is called wormwood. That is a herb that helps the mechanism by which the nerve impulses are transmitted in the body. It is very good for rigidity of all sorts including what sometimes accompanies Parkinson's. So that is something I use both as an extract.

There is also a procedure that is done with it called Moxibustion. We have these rolled up sticks of crushed Artemisia leaf which are lit and held near basically acupuncture points. They affect the flow of energy in the body. That can sometimes help with some of these same types of things – with tremors as well as rigidity actually.

What people cannot see is that you are actually holding a device for me so I was able to see what it looks like. When you are saying you put that on various acupuncture points in the body, is this something you do for people when they come to see you or is this something you teach people how to for themselves?

For the most part I do use it as an office procedure. Most acupuncturists also use Moxibustion (which is the name of the procedure). People do it different ways.

Sometimes I do teach people where specific points are, but which ones are helpful is different depending on what part of someone's body they are having trouble with.

There are certain meridians, certain lines on the body, on the face, on the arms, on the trunk of the body, on the legs that are relevant points within those meridians.

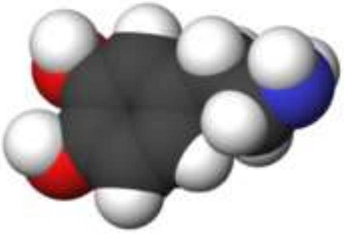
In the way I use Moxibustion it is not actually applied to the skin. It is just held near the skin so that it warms it without actually burning the skin. Some people do actually practice a style of Moxibustion where they blister the skin. I do not do that. For one thing it hurts and people don't like it. For another, there are also risks of infection and slow healing and so forth.

This device looks a bit like a very large and long cigarette with a gold cap on one end. You light it on the other end. It does look like it would hurt if you applied it directly to the skin.

Some people write me questions about depression who have the symptoms of Parkinson's. What would be recommendations for a person who presents that as a primary symptom?

I think the two are really closely related. The chemistry of depression and the chemistry of Parkinson's are very similar.

One involves serotonin.



The other involves dopamine.

Other than that they are virtually identical.

One herb I use a lot of is Saint John's Wart which is also known as Hypericum That is something you can get at almost any health food store. It works kind of slowly, but it does have a tendency to work pretty well a lot of the time.

Basically it does a number of things. One of the things that has been most researched is that it helps to increase the amount of serotonin in the brain which is good.

It also helps to clear toxins from the body, all sorts of different toxins and substances.

For some people with Parkinson's that is very relevant. For some people that herb will actually make a pretty big difference in how they are feeling from day to day; in other people, not so much. It is a good first line herb for supporting the nervous system for someone who is depressed.

There is also the Artemisia which I previously mentioned is pretty strongly anti-depressant as well when taken internally. That is another one I might use in that situation. Depression takes a lot of different forms in a lot of different people as well. Those are some of the most common things that I use most frequently.

After a person sees you and you provide them with the herbs that occur to you would be helpful, you give specific recommendations on how much of that herb to take. So, you prescribe one teaspoon, one drop or one whatever. Is that correct?

Yes, that is right. The amounts I use tend to be quite a bit larger than the amounts that are usually recommended if you go and buy a bottle of the stuff from a health food store.

Then again it is under professional supervision so there is a little more control and more ability to look out for things that might not be desired outcomes.

I give people recommendations on how much to take and when to take it. Then, I usually follow up with the person in about a week or so and see what has changed – if anything has changed that quickly.

At that point a lot of what I am trying to see is whether they are tolerating the treatment. A couple weeks down the road we can get a clearer picture of whether the treatment is working well. With certain herbs like the Barley Malt – I have definitely had times when people came to see me in a wheel chair and were able to walk out because it makes a big difference pretty quickly in how their nervous system is functioning. It can be the difference between having a good day and having a bad day or having a lot of good days and a lot of bad days.

In the process of working with clients it is in part a question of experimentation. You start with a particular set of prescriptions with one or several herbs. The person takes it and then comes back with reports on how they are doing. There is then follow up with perhaps some adjustments of those as a function of how their symptoms have shifted. Is that right?

Yes. That is basically right. I wish I was smart enough to always get it right the first time but I am not and I do not think anyone else is either. There is definitely some room for trying it out and seeing what works with a particular person. Maybe the dose is not strong enough or maybe it is producing some other outcome that we do not want.

For example, I mentioned that drowsiness can be produced by some of the same things that produce tremors. We look out for those kinds of things. Sometimes you have to adjust the dosages. Sometimes you have to adjust what the person is taking. It is work.

It is a process that sometimes takes some time. It is possible to get everything right in the beginning but it often takes a bit of working with it. Usually from the beginning of treatment people can tell that something is going on even if it is not exactly the outcome they were looking for.

Parkinsons Recovery is all about hope, giving people hope that it is possible to get some relief from their symptoms. You have given a few hints that one of the reasons I am here in Lexington talking with you today in your clinic is that the work you have done with people who have Parkinsons is providing relief from their symptoms.

Could you talk about your experience with people who have the symptoms of Parkinsons and how these herbs have helped them?

Usually what I see is some fairly immediate reduction of symptoms. Sometimes people are able to get where they are more or less symptom free or have a very livable amount of symptoms. Sometimes people don't have any appreciable symptoms at all and are maybe even able to stop taking the herbs.

There is the actual potential for healing, for the body to actually get itself back into the state it is supposed to be in rather than just relying on supplementation and on other things to keep it going. That can be different from one person to the next certainly. Strangely enough, it is not always related to how bad their symptoms are in the first place.

I mentioned in talking about the Barley Malt, the Hordenine that I have seen people go from not being able to walk because they are having very severe tremors and rigidity to being able to walk in a fairly short amount of time. That represents a very immense change in quality of life.

What I am mostly going for is change in quality of life. I am not at all concerned with figures and numbers and test results. I am really concerned with the subjective reports of

> *"How are you feeling?"*
>
> *"Is it better than before we started this?"*

That tends to be what I work towards.

It sounds like for the people with Parkinson's that you have seen the results are indeed encouraging. People are seeing relief from their symptoms. You offer hope that there are people who have become virtually symptom free – maybe not totally – but virtually symptom free. Do I understand that correctly? Is that what you said?

Yes, that is what I said. Certainly that is an atypical result. I am not going to promise that happens for everybody by any means. I think a lot of it depends on how determined people are and how hard they work for it and what steps they are willing to take.

Certainly most people I have seen that have had the most success have used a variety of different treatments, not just what I am doing, but also *maybe conventional treatment, what I am doing and acupuncture. There are various other things people do. I think there is definitely room for all of them to work together in a single person's body. Yes. Sometimes I have seen results that are really, really good. Of course, that is what everybody wants to see.*

You are a very modest man and basically what you are reporting is that many people who are seeing significant improvement in symptoms are seeing other people and doing other things. You are not able to attribute the actual work of the herbs exclusively as the primary cause of their getting better. The fact is that clearly the herbs are playing a role as well. That is incredibly hopeful, especially in a situation where many people who get the symptoms of Parkinson's believe that they are always going to get worse. What you are saying is no, no, that is not true in your experience.

Do people get worse that you have seen as patients?

I have seen people get worse. So far, I do not think I have had anybody I have worked with where we were not able to turn that around. It is the normal course of the condition to get worse in a lot of cases. Sometimes that is still happening.

My goal is always to halt and reverse that downward progress. I believe that the herbs facilitate or make room for the process of healing that is built into the body.

Years ago people used to say that damage to the central nervous system is permanent. Period. There is no way that this tissue can ever regenerate. If it is damaged - if it is in a bad state - there is no way it is ever going to get better.

That is antiquated information at this point. We now know that is not always the case. We have always had stories of people where that did not happen to be the case.

It is now pretty well accepted in the world of physiology that central nervous tissue can regenerate itself even in an adult, but that it often doesn't. My goal in terms of that is to:

1. *Facilitate the healing process that is really an innate part of what the body is supposed to do.*
2. *Give the body the tools, the nourishment and the substances that it needs to do that process of healing.*

Robert: So, what you are saying is that the body knows how to heal itself. The herbs are facilitating that innate wisdom. Is that right?

Yes. That is my experience and my interpretation of what is going on.

> **I am sitting here with Andrew and behind him are three rows of many, many bottles of herbs and various concoctions. It is very clear that these bottles were not purchased at the supermarket down the street. Could you say something about where all these exotic looking herbs come from?**

Most of them are wild. For the most part I use things that grow in the wild because they have to be strong. They have to contain the substances in strong amounts to be able to survive. Most of what I have I gather from the wild. A small percentage of it is stuff that I have grown for me by organic farmers. That would apply to things that won't grow in the environment that I live in.

I have some things – for example, the Frankincense - is grown in the Arabian Peninsula on an organic farm. I buy it from the people who grow it rather than trying to grow Frankincense in Kentucky which won't work. For the most part they are wild. The ones that are not wild are organically grown.

I just want to make sure that there is not even the faintest trace of contamination. I like to make sure I know where every bit of medicine I give to my patients has been from the time it was a seed growing until the time it is a finished product that I am handing to them.

Robert: What an amazing answer.

As I understand it, when you say they grow in the wild you actually go to places, identify the plants and harvest the plants yourself. Do I understand that correctly?

Yes. Most of them I harvest myself. I do have other people that do some harvesting for me, people I know that I can trust. Once I get the plant I am able to look at it both microscopically and visually and make sure it is exactly what I want it to be and that it is a good specimen of what I want it to be and it is not something that has sat on the shelf for years or something like that.

We have many people who are listening to and reading this interview who live far distant from Kentucky, many people from many other countries. How would they be able to get assistance from you? Can they get a phone consultation from you and get some help in that way?

I can do phone consultations. It is always better if I have the person in front of me because I can actually look at them and so forth. When I actually examine somebody I can get some more information.

If people can make the trip I think that is better. Obviously that is not an option for everybody. I think it is good to do phone consultations also. I am available for that.

I can ship these herbs pretty much anywhere in the world. I have patients all over the place that I do that with sometimes. That is definitely a possibility.

I may be able to refer someone to a local herbalist. There are certainly all qualities of herbalists out there in the world, but there are some very good ones in a lot of places that people could get similar advantages from working with.

What is the phone number that people can reach you at?

My phone number is 859-420-5648. I can also work with people by e-mail. My e-mail address is Bentley@consultant.com

Is there a website?

I have a Myspace page where I put all my writings about herbal medicine. That is at www.myspace.com/kyherbalist

You mentioned you would be happy to connect people up with a herbalist in their area. Is there some listing of herbalists or some association that would have lists of individuals that would have your similar training?

Unfortunately no. There is not at this point. Hopefully that situation will be remedied in the future.

One specific herb that I do not think you have mentioned (and what many people are interested in) is called Mucuna Many people have been acquiring that from India as a dopamine Error! Bookmark not defined.supplement. Do you have any experience with that particular herb?

A little bit. I have worked with some people that have been using it. I personally really do not have a source for it at present so I haven't been using it.

I think that in terms of how it works it is fairly similar in terms of outcome at least to the Hordenine or to the Peyote Cactus which is sometimes used.

I use the Barley Malt for something similar as far as raising the amount of dopamine in the central nervous system. It is something that is very easy to produce. It doesn't rely on anything exotic.

It is basically just barley, but the barley is spouted and prepared in a certain way. The Mucuna or the Levodopa have similar outcomes in terms of what they do to the chemistry of the central nervous system.

You have mentioned the Barley Malt several times. Is that something that people might be able to purchase at a health food store?

Not that I am aware of actually. It is a traditional remedy that goes back to ancient Greece, probably older than that. At least Grecians were the first people that wrote about their experiences with Barley Malt.

I am not aware of it being sold as a supplement. I think one reason for that is that if you took too much, it would cause hallucinations, *disorientation and things like that. It is pretty self limiting. You would not want it to happen while you were driving or operating heavy machinery or anything like that. It is not physiologically dangerous.*

I don't think very many manufacturers would be willing to just put that on the shelves of health food stores because of the potential for liability if someone decides they are going to take the whole bottle of it and has a bad experience.

Everything we have talked about are herbals. They do not require (certainly in Kentucky) in most states or countries a prescription from a medical doctor. Is that correct?

That is right. In the United States herbal medicines are regulated as dietary supplements which means they are not considered food or drugs. They are sort of an in between category.

There are manufacturing practices in place now. There is not quite the same pre market testing required that there is of drugs. There is that issue.

Sometimes quality control can be an issue which is why I have my own dispensary here. That is something that has improved by leaps and bounds over recent years. Then again, some of the things I have mentioned, particularly the Barley Malt, are not readily available as a supplement as far as I am aware of.

Some of these herbs do have side effects. It is important then for a person who wants to pursue this for themselves to consult with somebody such as yourself who is an expert on what the herb can do for them and also on possible side effects.

That is right and this is especially true if someone is already taking prescription drugs that it might interact with. There are cases where an herb and a drug with similar activities will counter act each other and basically amount to nothing. There are also instances where the two of them might do more than what is desired in any given direction taken together.

There are certainly things that can happen, things to look out for with particular herbs that might mean you are getting too much. Everyone's level of dosage that their body will respond to and tolerate is a little bit different with herbs as with any other substance.

This has been a fascinating discussion. I want you to know Andrew I feel like I have searched all over the country for you and finally found you. It is obvious that your skills, your abilities, your talents and your revelations with regard to what really helps people with the symptoms of Parkinson's are remarkable.

I want to thank you for providing your expertise, your knowledge, your insights and your advice to people with regard to herbals that might be used to help with the symptoms of Parkinson's. We have a Teleseminar series where people can ask guests questions that they have about various subjects. Could I twist your arm and encourage you to do a Teleseminar with me for people with Parkinson's at some point in the near future?

I would be glad to have the opportunity to do that.

Thank you so much. And I want to say thank you so much for doing this interview. This has been absolutely, totally amazing.

Carl Buchheit - Neuro-Linguistic Programming

What is Neuro-linguistic Programming or NLP? That is a mouthful to say. What is NLP all about?

Neuro-linguistic Programming is a methodology for understanding and changing human experience which is to say what things mean and how we behave - just about everything we think and do and feel. It is coming up now 40 years since its inception. NLP came out of the University of California unofficially about 1950. The people who started it were a student there and a linguistics professor – John Grinder and Richard Bandler. Bandler was the student; Grinder the linguistics professor.

They got interested in understanding how it was that certain people in certain professions having to do with communication or healing or change … how it was that certain practitioners or therapists or experts or teachers were extraordinarily good at what they did for their clients or their students or their patients and got wonderful results. Then, there was a much larger group of people who were in essentially the same *fields and had the same kinds of training and certainly the same good hearts and good intentions who were not extremely good at what they did.*

Richard and John and the group that formed around them in the middle 70's were wondering what is the difference that makes the difference between those people who are extremely good at communications and change work and people who are not. They would like to be and yet are still not. That was the start of NLP.

It has been growing and developing hugely for quite a long time now – like 30 years plus obviously. It has to do now with some ways of understanding and changing experience at the level of behavior both internally and externally.

Internal behavior would be a case where a person is thinking about going skiing and would be making pictures of going skiing. External behavior would obviously be actually going skiing.

There is change work that we do at the level of capabilities which is to take behavior and move it around inside someone's map of reality a little bit and connect it up so that it works a little bit more eloquently or a lot more eloquently than it did before.

Then the really interesting and important territory as well is change at the level of beliefs, change at the level of identity which is beliefs about ourselves. Then we do system level change for the larger system that *holds the person in your place on planet earth and in your place with your families and the families you descended from. That is my 30 second answer.*

Can NLP be used by persons who have the symptoms of Parkinson's who would like to be able to find some relief from their symptoms?

I have worked with a number of folks who have Parkinson's. The answer is yes. I am sure like just about everyone else you are talking to this is really, really difficult territory. What we typically find and pay attention to – which we always do when we are dealing with any kind of change working with the NLP model - is as preposterous as this question might sound:

> *"What are the intended positive outcomes of the symptoms, of the illness?"*

We pre-suppose that all experience, all behavior (Parkinson's included) however difficult it is – is all prompted by some kind of intended positive outcome. Now the question is what version is this, where and when? When people are in such distress with the symptoms it is really difficult to imagine that there could be anything positive trying to happen as I am sure everyone can easily imagine.

What we usually do is ask this first question when we are doing NLP change:

> *"What would you like?"*

That can take two hours to answer obviously or it can take two days. Then we ask:

> *"What will having that do for you?"*
>
> *"Is there anything you might lose that you value when you have the outcome that you like?"*

I have had some experience with people who have shifted their symptoms quite a bit and several other people not at all. So I have a mixed report.

That would be about 50-50; about half got better and half saw no change?

I would probably put it at half I am sorry to say or slightly less than half. Maybe 45 to 55 or something like that.

The belief system that I have very often found sitting underneath the symptoms of Parkinson's – and as you know Robert this can come through the individual's personal experience or this can be downloaded through their family system – is a commitment to or an entanglement with or an apparently unstoppable focus on not having choice about movement. It is opposite of the metaphor of paralysis.

The metaphor that we find in Parkinson's is something along the lines of

> *"I will never stop moving and you can't make me stop."*

Where that comes from – what intended positives it serves, where it is generationally in the family system and all of that as you might imagine is just an individually hand crafted identity and reality. It is hard to make a generalization about it except the one about not having a choice about moving.

Have you noticed in your work with Parkinson's that there are individual and idiosyncratic differences across persons?

Of course. Always. What we usually find is the common element which is not completely 100% common – but seems to be there enough to be able to hazard a generalization. These are folks who somehow or another were not permitted to do something they wanted to do.

When I say "not permitted to" – that can mean just about anything. That can mean a child who is forbidden. Sometimes a generation or two or three back wanted to leave a

- *place,*
- *relationship,*
- *time,*
- *or a country*

and was unable to leave or not permitted to leave.

This has a way of turning itself upside down and someone in the family later on is affected. This is the person with the symptoms of Parkinson's who winds up saying at some level in their attention and consciousness

> *"I will fix this for you."*

This is certainly anything but conscious.

> *"I will make sure that I can never stop moving."*
>
> *"I will do that for your sake"*
>
> *"Maybe that can help you"*

In addition to that there are very often beliefs and decisions that have more to do particularly with their personal history rather than the history of their family, their own life, their own decisions... all of the things that go into generating the totality of human experience. Most certainly, they are present and they are difficult stuff and painful as well obviously.

People of course know about therapists per se and about how they can talk back and forth with a therapist. How is Neuro- linguistic Programming similar to or different from what it might be like to go to a therapist?

There are some generalizations I have felt pretty comfortable making over the years. Let's just presuppose conventional talk therapy. There are so many kinds of therapies, modalities, so many variations based on the practitioner or the school.

I want to be really clear I am not a psychotherapist. I am not a licensed therapist. I have been working in this NLP model for 30 years plus. I used to tell people the state of California does not license me to do smog inspections, cosmetology and psychotherapy.

I do not usually have to respond to that anymore. For decades now all of my practice has been referrals. The state of California does not license smog inspections, cosmetology and psychotherapy.

The main difference is that when one is doing therapy one is talking about one's feelings and the content of one's life.

- *What is going on?*
- *What went on?*
- *What are the experiences?*

- *What are the events?*
- *What emotions or feelings do we want to be there?*
- *What emotions or feelings do we not want to be there?*

With NLP we do pay attention to content because obviously we know you have a context to your life. The original and unique attribute of NLP is to track, to observe and to look at how humans are creating their experience, not just what the experience is or why it is going on which is essentially a story about it. Some stories are more useful than others. They all change periodically based on fashion and where the focus of a community culture is.

All experience is made up of combinations of pictures, sounds, feelings, smells and tastes, our featured senses. If we take any moment in a human's experience and if we could freeze frame it. Slice it really thin so to speak.

Stick it under some kind of an exotic microscope. We would find that moment of experience – wanted or unwanted, terrific or blissful or whatever it is- is made up of a particular combination of internal and external pictures, sounds, feelings and of course smells and tastes.

In NLP we have ways of paying attention to the physiology of a client.

- *How they move*
- *How they breath*

  - *What their skin color is doing*

with all kinds of other subtle indicators. What they are doing with:

- *Their eyes?*
- *Their voice tone?*
- *Their breathing?*

We can notice. It is kind of like running a computer program forward step by step.

We are looking for:

- *Where does it often get us into trouble?*
- *Where does it go sideways?*
- *When does it become dysfunctional?*

Suppose a context much simpler than Parkinson's. Someone comes to work in the morning as soon as they see their office door they begin to feel uncertain, miserable and depressed. We would ask them –

"How are you doing that?"

The conscious answer is

"I do not know. I just see my door and I get depressed."

We can pay attention to their experience. We can slow it down, run it forward almost frame by frame. We can find the moment when they see their office door before the person starts to load the depressed feeling. We can catch right at that moment – blip - right there.

There is something in that sequence that probably does not belong there. It is a picture of something really difficult, something really awful, or something really depressing from long ago and far away usually. In an effort to keep them well and safe supposing some kind of intended positive outcome their neurology has inserted that picture or that sound or that recording. Someone's voice has been inserted right into that spot.

This tips the whole program over sideways. It all becomes a program for managing not trying to feel too bad.

The questions that NLP ask the client are essentially:

"What would you like"?

"What stops you"?

The answer that comes from "What stops you" isn't words. We are not really interested in the words. We are courteous and respectful about the words. Sometimes they are helpful.

But what we can do is notice the person lift into something. Make a picture of something. Load the entire spurious, irrelevant bunch of old, old safety patterns. This is what it comes down to, from long ago and far away. Sometimes generationally far away. Sometimes just being 2 years old or 15 years old and so forth.

We change those internal sequences – the sequences of internal representation. We directly discover where the system is getting itself turned upside down. What would work better to fulfill the client's desired outcome?

Then we revise the patterns directly. This is all done with talking and words. Occasionally there is a squeeze on the arm or a request to look here or there in the room. It is very low key.

It looks like talk therapy from the outside if you don't know what you are watching. We are actually picking up the dysfunctionality in the person's safety programs that are wrecking their present state which is to say their current life.

Let's say I visit you to address my problem of freezing and having awful emotions every time I reach my office door. We work on that problem together. Will you provide me with exercises I need to do when I come home? Would there be some homework assignments? Would I need to work with you on this problem for say 6 months or 8 months? How does this work exactly?

There is usually not homework. We revise the structure that generates the person's:

- *experience or*
- *behavior or*
- *capability or*
- *beliefs about the world or*
- *beliefs about themselves in that world.*

We put the revisions in. Arrange for them to integrate. The behavior changes usually are immediate. We can disconnect a decades old phobia in essentially a minute or less.

Sometimes it takes two hours for that one minute to be OK. If we make it OK, the person does not have this response that causes so much pain. It takes two hours to make it OK. It takes a minute to change it.

Identity change is typically not a one minute thing. There are layer upon layer of structures as you might imagine that stabilize the person's sense of themselves that stabilize the world's effect on them.

If we are doing relatively straightforward behavior change where, in my example, someone sees their office door and feels bad – this is probably something that would be easily revisable in one session very *straightforwardly. We put the change into the person's system. We integrate it in certain ways. It then just stays there if there is not an objection.*

All of the objections to otherwise wonderful positive change are what we call "Issues of Ecology," the ecology of personal change or the ecology of healing. A behavior change can be made really quickly and directly if there is not an ecology objection.

Most of the actual clock time in the session is about uncovering and getting into respectful relationships with the objections to the change or the healing – getting into respectful relationships within the person's system.

Again, we presuppose that all experience has an intended positive outcome. Change sometimes does not stick. Sometimes the change falls out. This falling out of the change where the revision will hold is always a consequence of unaddressed ecology.

Take a simple example of this in terms of behavior using my example – the problem of the man dreading to see his office door. His problem was acquired decades ago. His system objected to being able to see his office door and not feel bad.

This was part of his commitment to the people he worked with. Part of his commitment to them – almost explicitly – was to completely revile the company he and they worked for. That was part of his job. It has a certain kind of ombudsman function in the company, but it was more than that.

His question is:

> *"Is there anything I might lose that I value to have a good and proper change?"*

The answer is yes!

> *"I might lose my energy on, my attention to and my devotion to my people."*

We had to find a way for him to see his office door and simultaneously sustain his strong commitment to these people that he worked with.

That is the three stage process.

1. *What would you like?*
2. *What stops you?*
3. *Is there anything you might lose that you value when you can have the experience you would like?*

Is there anything you can recommend to someone who has the symptoms of Parkinson's in general that they could do that might help them get some relief from their symptoms? Everything you have talked about is very specific. Does the answer really depend on the person's specific reality and experience and the possibility they might have an unconscious wish to heal?

Or as we translate that – a really big ecology objection to being well.

One of the common symptoms of Parkinson's is anxiety. If a person were to focus on a specific event or events that create the anxiety, then would it be possible working with an NLP therapist to find quick relief from that anxiety?

Yes. That part of it – assuming the practitioner knows what they are doing and knows how to elicit and track and work with this kind of material. If you and I were sitting right now with a client – let's say you were observing and I would look at the client and say – so you are making yourself crazy with anxiety, I would ask

"What lets you know to be anxious that way in that moment?"

The person's conscious self would look at me as if I am asking a lot of stupid questions with regard to this Parkinson's stuff and that has to be the dumbest one. Simultaneously, just before they have that thought their body would do certain things.

Their eyes would move in certain ways. They would show us the internal, out of consciousness sound tracks and old pictures that their brain is showing them. This is not the part of the brain that is involved with Parkinson's but what we call their creature brain, the critter brain, the brain that is patterned to have automatic, no choice response to certain stimuli. Their brain has shown us a picture very much worth being anxious about. That picture does not correspond to present time.

That is the problem. It is a picture about something worth being concerned or fearful about usually from long ago and far away. It has been patterned in by the systems every time there is a certain stimulus in the environment or maybe another thought pattern. Representations in pictures, sounds and feelings are keyed up that go with the experience of anxiety.

The brain fires off the anxiety response in an unworkable effort to keep the person well and safe long ago and far away. In other words, the cause of that particular anxiety is not about right now. If it is about right now then right behind the concern about right now another part of themselves that is not conscious is listening to and watching. When I say behind I mean in the right behind the person's mind's eye or near it. If you and I were listening to and watching we would have the same response that they are.

> *One of the difficulties of being human is that we have many different brains in our skulls. The interface among them is pretty foggy. The creature neurology is in charge of basic safety and self preservation and all of that stuff from 100 million BC.*

I don't even know if we have a sense it is a part of a human being. It has just one instruction: To make sure that we do not perish. The success indicator is a question. It doesn't speak. It doesn't talk. It doesn't analyze. It just creates associations.

If it did talk it would use only one success indicator which is the answer to the question:

> *"Are we dead yet?"*

Unfortunately, since the answer is "No" we are not dead yet then it has the impression (it is not conscious so it does not have impressions) that what it is doing is working beautifully. Here we are.

The human being who is dependent on top of that critter brain with an identity and a history and a complex experience of being private and human and a soul here in time space is miserable and going nuts with this. But the creature pattern just keeps running what is does again and again and again till we can reach it and revise it.

With NLP we can plug a keyboard into that creature neurology so that we can put some change to it. It does not speak English or Spanish or Chinese or any other high level language. Its programming language is pictures, sounds, feelings, smells and tastes. In this extreme analogy we plug a key board in and then we can gently put some change into that system. It revises the pattern that keeps us well and safe and brings all of that into something that is congruent with present time.

With Parkinson's there is so much going on. There is so much present tense distress obviously. Then there is so much past difficulty to which Parkinson's is some way or another a sensible, congruent and useful response, albeit utterly heartbreaking and difficult for the human beings who are involved with it.

The issue for many people reading and listening to this are that they are very much self help people. They like to do things on their own. A lot of what you describe involves a person who is trained in being able to *observe body behavior and have insights the person is not aware of or conscious of.*

Is there anything a person can do for themselves using NLP if they do not want to make an appointment to see a trained NLP therapist?

Sure. There is a dimension of NLP that is entirely self inflicted. There is a wonderful book called Introducing NLP by Joseph O'Connor, John Seymour. There are several others as well. People can learn to redirect their attention or redirect their thinking which is a part of just about every change format in the world except totally body based interventions.

In NLP we would never say to someone:

> *"Why don't you change your thoughts? Then you can change your life."*

If the person could redirect their thoughts that well they probably would already be doing it. Again, there is an intended positive in the dysfunction they are experiencing. Their efforts to revise things for themselves tend to bounce off and sometimes even back fire. Of course when they don't we can all celebrate.

In the NLP toolbox there is some really simple stuff that has a profound effect on how things feel. How things feel determines to a great extent what things mean. One of the old, old observations is that it is not what is going on in our lives that counts. It is what is going on in our being that really matter.

In a really simple way if someone makes a picture. Your readers and listeners might try this: Ask yourself for a moment to think of a pleasant memory. This is about the simplest NLP change we have. In a moment I think you will know what effect this very simple change can produce. Think of a pleasant memory.

To do this you probably have to use at least two sensory systems. You probably had to look at pictures in your mind's eye – sort of flip through a scrap book, and you also had to pay attention to how the pictures feel. Otherwise, you wouldn't be able to pick that out as a pleasant memory.

It is the picture part of that instruction you recall as a pleasant memory. The internal visual part tells us it is this memory and not that memory over there. If we don't have pictures we are doing it in some other way like sound which would be not unheard of but relatively rare. How are we supposed to tell this memory from that memory unless we have a picture of what this memory is and a picture or pictures that go with that memory?

What is the difference between picking up one's Nobel prize a few years ago and making the airplane to Los Angeles just in the nick of time? The main difference is the picture. That is how we sort them out visually. The picture produces feelings. That is how we sort them out emotionally.

Think of the picture that goes with a pleasant memory. Notice the content. Notice the feeling. Notice the meaning that goes with the picture or the memory whatever it is, big or little, it doesn't matter.

Now I will simply ask you and your readers to notice now in a way that perhaps you have not before – do you see the picture in color or black and white?

This is our most elementary distinction.

Robert do you have a picture?

My picture is in color.

This is usually the case with pleasant memories, but not always. Just imagine that you can grab hold of the color control knob and turn it so that you take all the color out of the picture. Make the picture black and *white. Freeze frame it there. Now the question is: How does this change or affect the feeling, if it does?*

For me it is a lot flatter.

Ok. This is usually the experience, not always. We can do a little microscopic change on manual if you put color back into the picture. Our brains are doing tens of millions of these calculations per second to generate our experience. This is part of our patterning.

Your brain has coding instructions to record that memory with color. If it had recorded that memory without color you might not have picked it as a pleasant memory because it was too flat.

Put it back into color. Put more color into it. Super saturate it. Try the other side of the spectrum. Keep putting more color into it until it means the wrong thing, until it is no longer the same memory, does not have the same feeling. It is the same context but the feeling is different. The meaning is different.

Right. That does happen.

Set it back where you would like it. Maybe your brain had it correctly set up. Or, maybe just a little bit more color would be useful.

Now let's try brightness like the brightness control on the television. Look at that very same picture. Now turn the brightness down so the picture nearly disappears the way it would on a TV screen. Notice how that affects the feeling of the meaning, if it does. Not all changes affect all meanings or feelings.

That one creates more fear for me.

OK. That is also very common. Set the brightness back where you would like it. Some people might get a much better feeling as a function of that little change.

It varies:

- *individual by individual,*
- *experience by experience,*
- *moment by moment*

in that neuro linguistic programming. Set the brightness where you like it. Put more brightness in. Make it brighter and brighter and brighter until the picture just flashes out entirely.

Freeze frame it at that end. Notice what that feels like. Then, set it where you would like it.

Then you tone it down to the place where it feels good. Is that the idea?

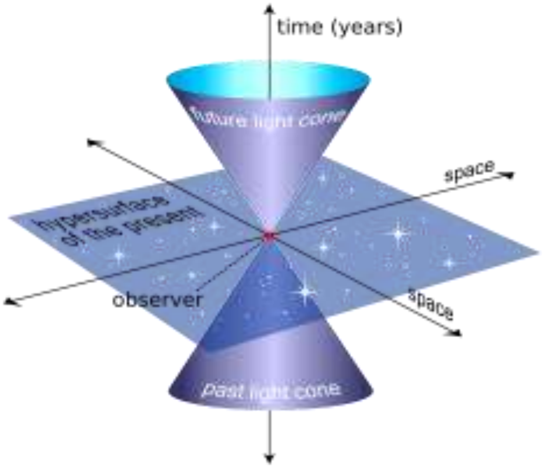
Or better.

What I have just done is to reprogram that memory or that imprinting of that memory in my whole system?

What you are doing is making some adjustments with those color and brightness controls. These changes probably won't stay permanently. There is a way of working with it that would cause it to stay permanently.

Let's say when someone thinks of their future they wind up with a dark picture that is colorless. It is going to go automatically because of how we are wired or organized as humans. It is going to go with some pretty bad feelings. Maybe making it a brighter color might make that feature more available or just might make the feelings much worse.

If the pictures of the future are quite negative and we make them brighter and add more color we are going to just make them more negative. There is no telling exactly. I cannot give a blanket instruction except that if you are not having the feeling about something that you want, check the picture that goes with the event, whether it is a memory or whether it is something about the future.



Notice the color. Notice the brightness. You can also notice how big the picture is in your mind's eye.

Is it a postage stamp?

Is it a panoramic wrap around?

These kinds of changes one can make manually. If they are done correctly, the can stay and they can hold. Then each time the brain accesses that memory it is given a different coding.

The content is the same. We haven't changed the content. It is that same memory with the same imagination of the future. What changes is how it is delivered. How it is delivered as we notice here has as much to do with what it means and how it feels as what it is.

Imagine yourself moving properly and feeling really well. If that is imagined with the

- *wrong brightness or*
- *wrong color or*
- *wrong size or*

- *wrong distance*

then it still won't feel right. When I say wrong I mean one that just does not work

There are some really simple formats for paying attention to, for noticing and for changing these things in ourselves. Especially if there is someone with us who can ask us, so-

"What are you thinking about"?

Is the picture all dark again or does that get bright? Is it too colorful? And so forth. That kind of thing is rather easily done.

As I understand the explanation, there are no judgments about whether the scene needs to be in color or black and white or bright or dull. The key issue is in sorting through my own reactions to whatever the scene might be that I am looking at and then making the adjustments (more or less color, more or less brightness) to see what happens?

That is absolutely right. We have no preconceived ideas of what is correct or what is proper. The question is:

"What is that will work to produce the desired experience?"

In NLP our main questions are – if someone is experiencing something they don't want we always ask:

"How are they doing that?"

Not why, but how? Literally,

"How is their brain doing that?"

"What are the representational events
that are going on inside?"

Among the millions of them there are these things like color and brightness. How are they increasing the experience that they don't want? Where does it happen that what they want doesn't seem to matter anymore?

I want to feel positive and upbeat and I still don't. If we check out how they are doing it, it might have whatever combination of distance, color, brightness, movement and so forth. There are about a dozen of these basic distinctions. We are just wondering if you are not feeling the way you want, what would help you feel better? How do we make your brain to do that assuming that you don't have an objection?

If you do have an objection by all means let's notice it because the change won't hold. Let's find out what is the intended positive that feeling better will be a violation of. Again, what might we lose that we value if we could actually create what we want rather than have the experience that we don't want.

Do you always want to work with a person who is present to you physically? You need to look at where they are looking with their eyes and how they are breathing. Or, do you work with people long distance as you and I did together just a few minutes ago?

I prefer always to work with people in person. I work with clients all day, every day except when I am teaching. Having said that, this can also be done on the telephone, but it cannot be done on the telephone in the same way.

I know some practitioners who are quite gifted at *working on the phone. I have the luxury of having my days full of people who are willing come to my office. I know some folks who work with it really well. There are some people who are quite gifted at being able to listen for change in voice and breathing and be able to notice the auditory expression of these types of visual expressions that we were just talking about. I do it also but I don't have to do it most days so I don't.*

What I would encourage people to do is – if they can – go work with a practitioner who can get a sense of how they are organized, who can see them and listen to them for a bit. Then very often after that, things can be done on the telephone. This is very far away from what we could call coaching work.

The objective of the NLP practitioner – or at least our kind of NLP practitioner – is to work with the person's patterning so that the client has the experience the client wants to have and –this is important – the client does not have to remember to be different.

Our objective is to find out how the human's system is creating what they don't want and revise it so that it does generate what they do want. Then put those changes in. Let the full, beautiful system operate with that patterning just as consistently and persistently and maybe as obstinately as it was running the old pattern.

There is good work to be done on the telephone. It is a little hard to get high quality information about the person's internal processes. It is a lot harder to do on the telephone. Sometimes when we are discussing belief and identify that can be worked through very successfully on the telephone.

If someone is having Parkinson's symptoms we would ask –

> *"What would you have to believe in order to have this experience just the way it is?"*

The person might say,

> *"Well, I would have to believe I have Parkinson's."*

Yes. We understand that is the experience.

> *"What would you have to believe to have that experience?"*

Then we are almost immediately into some interesting territory. They would have to believe that:

- *they have no choice or*
- *there is something wrong with them or*
- *they are failed or*
- *they are faulty in some way*

and so forth.

We presuppose that no one is broken. No one is dysfunctional. Everyone's system is working beautifully with the instructions it has to produce what it has been asked to produce. The job is to get in there and advise those instructions so that the person can fulfill their true desires and not the outcomes from the old, old, old safety patterns from long ago and far away.

You are in California. If people want to get in touch with you, how would they do that?

The organization I am a part of is called NLP, Marin being the county where we are in California which is just a little bit north of San Francisco. Our web site is http://www.nlpmarin.com

There is lots and lots of information about NLP on the internet. I must say a whole lot of it – a great deal of it – is absolute trash. There is a version of NLP that is kind of the infomercial of NLP that is designed for answering the question:

> *"How can you have a huge effect on people so they do not have any effect on you?"*

I can't begin to describe how unpleasant and ugly that kind of stuff is. It is so far away from what we do in my organization. There are some other very fine organizations around the country too. I just want to caution people. About 80% of what you are going to find on the web is probably either garbage or nonsense.

There are some extremely fine centers. There is a referral center called NLP that has a pretty extensive list. There is a center in Santa Cruz that is operated by one of the founders of NLP, a man by the name of Robert Dilts. Robert is an extraordinary man, an amazingly creative guy. He was one of the first ones with John Grindor and Richard Bandler.

Robert's organization is top flight and first class. I don't know how they are set up to offer referrals but that is one of the places I would send people to first. You are also welcome to contact us.

You also train therapists in your clinic do you not?

Yes. We have a training center. It is not for therapists. We do have some therapists who come to take our courses. Our courses are for any human being who interacts with any other human being at any time and - we add on – including themselves.

We start with the very basics of NLP. We cover the foundations of communications and change. There is another training about that called Advanced Communications and Change. We have several masters' level trainings and post masters level trainings. The remarkable thing about NLP (at least they way we do it) is that it is with very deep respect for the client and for what the client is experiencing.

A little bit goes a long way which is one of our foundations of communications change courses. It is a rather short source, not a survey class. It is actually immensely useful for working with people.

We have a lot of folks who are in business or a lot of educators and the people who are doing the currently fashionable coaching. These are the people who come to be our students. It goes a long way.

It is possible if someone is called to learn more about NLP to go in two directions. One would be to find a therapist to work with. Another might be to just attend one of your classes and immerse themselves in finding out everything they could about NLP. Is that right?

They are extremely welcome to start out with their toes rather than full immersion. We do free seminars routinely probably 20 times a year. We introduce the subject matter and give people a 3 hour experience of the kind of change – those little change patterns – that properly done can stack up and become immensely powerful. We do that about 20 times a *year and that is entirely free. You just have to be in the neighborhood of San Francisco.*

Anyone can find out from your web site when you are holding the class and it is basically free? It is a whole introduction to what NLP is all about?

It is entirely free. We get lots of feedback that it is clearly a three hour instruction.

You mentioned some of the misinformation on the internet about NLP. Do you have other books or tapes or CD's that you would recommend people might look at to find out more about NLP?

On our website we have a recommended reading list. Robert Dilts is an immensely prolific author as well as being an amazing teacher. Robert Dilts will have lots of material on his website. I spend all day every day doing this so I am probably the last person who knows what other people are doing out there.

I do know about Robert because his organization is close to ours geographically and some other ways. We have a lot of students who train with us and go train with him and exchange and so forth. That is why I can offer that information off the top of my head.

If people are interested they are welcome to contact us. The phone numbers are on the web site. As best we can we will direct them to some place that is closer to them geographically or at least refer them to someone.

NLP was never copywrited. The copywrited NLP is Natural Language Processes which is a computer programming language. The way John and Richard did this allowed the body of knowledge to move out into the public domain.

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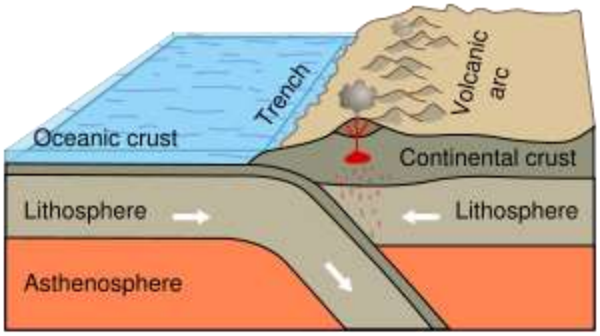
There are lots of NLP practitioners. All one has to do is fire up their laser printer and print themselves up a handsome certificate as a galactic master of Neuro Linguistic Programming. That in itself doesn't mean anything.

If people begin along this path, will they be seeing an NLP therapist for the rest of their life? Will they have to go every week? Is this the type of thing like some other therapies where it never seems to end?

Oh Lord I certainly hope not. I can't speak for other practitioners. I usually work with people for two hours at a time. We will do that once a month or once every six weeks for a while, especially if we are doing more complex behavior in identify revision. Then they come back once a year or less frequently for further adjustments.

NLP is very outcome directed.

> *"What are you experiencing that you do not want to be experiencing?"*



In the case of Parkinson's symptoms that answer has to be extremely obvious at the top. There are some very interesting layers of course underneath that.

> *"What experience is there that you do not want to be?"*
>
> *"What are you not experiencing that you would like to experience?"*

We presuppose that your system is doing the very best it can to deliver exactly what you want. It has some conflicting instructions, prefilled overlapping criteria and built in blocks.

I would not be surprised to find out the best way to deliver what you wanted is to reach in there. We take revisions. We let the person integrate those. Ideally it is five or six sessions over a period of five or six months would be how I would work with most people.

People are most interested in finding approaches that will provide them with relief from symptoms. If there is a commitment on their part to proceed it is possible that they can get some relief from symptoms. Of the people who have pursed this path it sounds like about 50 give or take a few points have seen relief and the other half have not. Is that about the gist of it?

Yes. The short answer is yes. Some folks do not experience improvement. Why? The simplest way to say it is that there are objections or complications. By complications I mean entanglements in larger family. I think NLP has simply not been very useful when family systems issues are at play.

There are many people that believe once they are diagnosed with Parkinson's they are always going to get worse. From my understanding of what you have said, you have worked with individuals with Parkinson's who have gotten better. Is that correct?

That is correct.

That is going to be good news for a lot of people.

Yes. It is possible to feel better. Right there we need to talk about twenty different things simultaneously. I will just leave that yes there with the caveat that it all depends on all of those other things that are so difficult and heart breaking and so necessary to say.

What is the one thing you would really like for people to know about NLP?

NLP is a respective and eloquent change format, a human format, a self discovery format for assisting people to fully respect the experience that they have created for themselves and that they are having, especially when that experience seems to be just about impossible to appreciate or respect.

Properly done what we want to do is to bring the person into a very deep rapport with themselves, with their own creative force, with the larger creative forces that they participate in terms of their own internal world, their identity and their family as well.

What properly done NLP can do especially if I can give our own organization another mention. We never seek to overcome or defeat anything that is going on within us or within anyone else.

All we do is to respect the intended positive that is behind it all. To include it with respect. Allow it to transform so that it is producing the experience the person truly wants. Doing NLP change work is a process of coming into deep, deep respect for oneself and for all of the intentions that operate inside us humans though conflicting as they may be.

If I had Parkinson's this is something that I could do for myself. It is not a question of going to a therapist and they are doing something to me. This is really a self motivated, a self guided approach for being able to find relief from symptoms? It is facilitated by an experienced therapist?

Yes. I will underline again yes. The NLP practitioner may be a licensed therapist. Very often they are not. The change work is done within the individual and within the individual's consciousness and the relationship with themselves and the larger system they are part of. The practitioner doesn't do anything but facilitate a change in relationship and an internal process for the client. This is very strong and very, very beautiful change work.

Is there any question I haven't asked that I needed to ask you?

A lot of good NLP change work is really a process of education and a revision of relationship with self. This process continues. What a good practitioner will do is work with a client to show the client how to continually include and then revise the patterning that is creating their *experience, generating their beliefs and show the client how those beliefs "out picture" into the world. It is very much something one does for one's self. One gets a really good jump start often in a remarkable way from a practitioner.*

More about Neuro-linguistic programming (NLP)

Neuro-linguistic programming *(or* ***NLP****) is an interpersonal communication model that was co-created by Richard Bandler and linguist John Grinder in the 1970s. It was based on the subjective study of language, communication and personal change, in particular, mainly through modeling three successful psychotherapists, Fritz Perls (gestalt therapy), Virginia Satir (family systems therapy), and eventually Milton H. Erickson (clinical hypnosis).*

Grinder and Bandler say that there were a few common traits expert communicators – whether top therapists, top executives or top salespeople – all seemed to share:

1. *Everything they did in their work, was pro-active, directed moment to moment by clearly defined outcomes rather than formalized fixed beliefs*
2. *They were exceedingly flexible in approach and refused to be tied down to using their skills in any one fixed way of thinking or working*
3. *They were extremely aware moment by moment, of the non-verbal feedback they were getting, and responded to it usually in kind rather than by analyzing it*
4. *They enjoyed the challenges of difficult clients, seeing them as a chance to learn.*

5. *They respected the client as someone doing the best they knew how (rather than judging them as "broken" or "working")*
6. *They had certain common skills and things they were aware of and were intuitively connected.*
7. *They communicate with precision, purpose, and skill*
8. *They kept trying different approaches until they learned enough about the structure holding a problem in place to change it*

They found that there are three patterns in the behavior of successful therapists, executives and salespeople.

1. *They know what outcome they want.*
2. *They are flexible. They generate many different behaviors when communicating. .*
3. *They are attentive to sensory experiences and cues.*

NLP Modeling

The intent of NLP is to help someone develop new choices in thinking and behavior. By listening to and carefully responding to the distortions (generalizations and deletions) in a client's sentences, the practitioner seeks to respond to the form of the sentence rather than the content itself.

For example, if someone with Parkinsons says:

> *"Everyone must take care of me,"*

The message is overly general. It does not specify any particular person or group of people. Examples of responses include *"which people, specifically?" or*

"all people?"

Words such as "must" also indicates necessity or lack of choice on the part of the speaker. A response might be,

"What would happen if they did/didn't?"

Representational systems and accessing cues

A basic assumption of NLP is that visual, auditory, kinesthetic (and possibly olfactory and gustatory) representations are engaged when people think about problems, tasks or activities, or engage in them. Internal sensory representations are constantly being formed and activated. Whether making conversation, talking about a problem, reading a book, kicking a ball or riding a horse, internal representations have an impact on performance.

NLP techniques generally aim to change behavior through modifying the internal representations, examining the way a person represents a problem and by building desirable representations of alternative outcomes or goals. In addition, Bandler and Grinder say that the representational system that is used can be tracked using eye movements, gestures, breathing and other cues.

Some of these ideas of sensory representations and associated therapeutic ideas appear to have been imported from gestalt therapy shortly after its creation in the 1970s.

Accessing cues

The most common arrangement for eye accessing cues in a right-handed person.

Bandler and Grinder claimed that matching and responding to the representational systems people use to think is generally beneficial for enhancing rapport and influence in communication. They proposed several models for this purpose including eye accessing cues and sensory predicates. The direction of eye accesses was considered an indicator of the type of internal mental process (see the chart):

- *'v'isual — up to left or right*
- *'a'uditory — level to left or right*
- *'k'inesthetic — down to the right*

The sensory predicates, breathing posture and gestures were also considered important. In the sensory predicate model, if someone said:

- *"that rings true for me", rings predicates auditory processing.*
- *"that's clearer now", the sensory predicates clearer indicates some internal visual representation.*
- *"I can see a bright future for myself", the sensory predicates see and bright indicates some internal visual processing.*
- *"I can grasp a hold of the concept", the sensory predicates grasp and hold indicates primarily kinesthetic processing*

These verbal cues are often coupled with posture changes, eye movements, skin color or breathing shifts. Essentially, it was claimed *that the practitioner could ascertain the current sensory mode of thinking from external cues such as the direction of eye movements, posture, breathing, eye movements, voice tone and the use of sensory-based predicates.*

Bandler and Grinder proposed that if increasing the brightness, color or location of an internal imagery increases the intensity of the current state then one can use this to increase the intensity of "dull" states. This idea was extended to the auditory imagery and the other sensory modalities. Submodality manipulation was applied systematically to representations in the other sensory modalities, such as volume and location of internal sound, texture, and movement of internal sensations.

Submodalities inspired a number of novel interventions in NLP, therapeutic or personal development settings. For example, the swish pattern is proposed to reduce unwanted habits by making the internal image submodalities of the unwanted behavior undesirable (e.g. small, dark and grey scale), replacing the internal image with a desirable image (e.g. large, bright and colorful submodalities) of how the person would be if the habit was no longer a problem.

Techniques

Rapport

NLP proposed a number of simple techniques involving matching, pacing and leading for establishing rapport with people. There are a number of techniques explored in NLP that are supposed to be beneficial in building and maintaining rapport such as: matching and pacing non-verbal behavior (body posture, head position, gestures, voice tone, and so forth) *and matching speech and body rhythms of others (breathing, pulse, and so forth).*

Anchoring

Anchoring is the process by which a particular state or response is associated (anchored) with a unique anchor. An anchor is most often a gesture, voice tone or touch but could be any unique visual, auditory, kinesthetic, olfactory or gustatory stimulus. It is claimed that by recalling past resourceful states one can anchor those states to make them available in new situations. A psychotherapist might anchor positive states like calmness and relaxation, or confidence in the treatment of phobias and anxiety, such as in public speaking. Proponents state that anchors are capable of being formed and reinforced by repeated stimuli, and thus are analogous to classical conditioning.

Swish

Swish is a novel visualization technique for reducing unwanted habits. The process involves disrupting a pattern of thought that usually leads to an unwanted behavior such that it leads to a desired alternative. The process involves visualizing the trigger or 'cue image' that normally leads to the unwanted behavior pattern, such as a smoker's hand with a cigarette moving towards the face. The cue image is then switched a number of times with a visualization of a desired alternative, such as a self-image looking resourceful and fulfilled.

The swish is tested by having the person think of the original cue image that used to lead to the undesired behavior, or by presenting the actual *cue such as a cigarette to the client, while observing the responses. If the client stays resourceful then the process is complete.*

The name swish comes from the sound made by the practitioner/trainer as the visualizations are switched. Swish also makes use of submodalities, for example, the internal image of the unwanted behavior is typically shrunk to a small and manageable size and the desired outcome (or self-image) is enhanced by making it brighter and larger than normal.

Reframing

In NLP, reframing is the process whereby an element of communication is presented so as to transform an individual's perception of the meanings or "frames" attributed to words, phrases and events. By changing the way the event is perceived "responses and behaviors will also change. Reframing with language allows you to see the world in a different way and this changes the meaning.

Reframing is the basis of jokes, myths, legends, fairy tales and most creative ways of thinking. The concept was common to a number of therapies prior to NLP. For example, it appeared in the approaches of Virginia Satir, Fritz Perls and Milton Erickson and in strategic therapy of Paul Watzlawick.

There are examples in children's literature. Pollyanna, for example, would play The Glad Game whenever she felt downhearted to remind herself of the things that she could do, and not worry about the things that she could not change.

Six step reframe

An example of reframing is found in the ***six-step reframe*** *which involves distinguishing between an underlying intention and the consequent behaviors for the purpose of achieving the intention by different and more successful behaviors. It is based on the notion that there is a positive intention behind all behaviors, but that the behaviors themselves may be unwanted or counterproductive in other ways. NLP uses this staged process to identify the intention and create alternative choices to satisfy that intention.*

Parts integration

Parts Integration *creates a metaphor of different aspects (parts) of ourselves which are in conflict due to different goals, perceptions and beliefs. 'Parts integration' is the process of 'identifying' these parts and negotiating (or working) with each of these parts separately & together, with a goal of resolving internal conflict.*

Successful parts negotiation occurs by listening to and providing opportunities to meet the needs of each part and adequately addressing each part's interests so that they are each satisfied with the desired outcome. It often involves negotiating with the conflicting parts of a person to achieve resolution. Parts integration appears to be modeled on 'parts' from family and has similarities to ego-state therapy in psychoanalysis in that it seeks to resolve conflicts that constitute a "family of self" within a single individual.

Principles and presuppositions

There are slightly different versions of what practitioners consider to be the basic principles or presuppositions of NLP, but there is a fairly high *degree of agreement on those most central to NLP. These are generalizations used as working guides.*

- *Behind every behavior there is a positive intention. Even a seemingly negative thought or behavior has a positive function at some level or in some other context.*
- *A person is not his or her behavior*
- *There is no failure, only feedback.*
- *The meaning of the communication is the response it produces, not the intended communication.*
- *Choice is better than no choice. An idea from cybernetics that holds the most flexible element in a system will have the most influence or choice in that system*
- *People already have all the internal resources they need to succeed.*
- *Multiple descriptions are better than one*
- *Meet people in their own unique map of the world. One individual's reality is not the same as any other person's reality.*

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Associations

- *Bandler: Society of NLP*
- *Grinder: International Trainers Academy of NLP*
- *Europe-wide: EANLPt - European accrediting organisation for NLPt*
- *German-based: List of German associations*
- *German NLP Coaching Association German NLP Coaching Association*
- *Scandinavia-based: INLPTA Scandinavia*
- *Swiss-based: International Association for NLP*
- *UK-based: Association of NLP, Professional Guild of NLP, Neuro-linguistic psychotherapy, GONLP/BBNLP*
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- *Additional information on NLP comes from Wikipedia.*

Chris Bliss - Comedian, Juggler

Introduction

Chris Bliss is an individual who many people know very well in his capacity as a juggler. I sent out a link on my Parkinsons Recovery newsletter to Chris's juggling act. It has been by far the most popular and the most sought out video of anything I have sent out over the past several years. Chris has won the academy award at Parkinsons Recovery for being able to have an incredibly positive impact on people who subscribe to the newsletter.

I want to say I personally had a profound experience while watching the video of Chris juggling. I found myself in a state that is indescribable, a seductive place of balance and harmony. I found that in this particular place - in this state –

- *I had no fear.*
- *I had no anxiety.*
- *I had no worries.*

It felt like it was the perfect place of being able to center myself and balance the many hormones that are circulating throughout my body all the time. I thus thought the video of Chris juggling might be of interest to people who have the symptoms of Parkinson's and by Jove I was right.

Robert Rodgers, Ph.D. Thank you Chris for being my guest today at *Parkinsons Recovery.*

Thanks Robert. That is a lot of praise for a small thing. In the first place, when that video was raging through the internet and there were 40 or 50 million downloads, I got 10 or 12 thousand e mails from 30 different countries. Most of them were about the spirit of the performance more than anything else.

A lot of that credit goes to a little rock band called the Beatles. It is an incredibly balanced and uplifting message and energy that exists just within the music. You don't get a lot of performances like that where everything just locks in.

It wasn't until 4 or 5 months after the video started going through the internet that I got an e mail from the King of Sweden. My wife and I looked at each other and we were laughing because this is the craziest thing that has ever happened. So we said – why don't we take a look at this? It is not like I would sit around and look at this video.

We dialed it up on the internet and started watching it. We looked at each other and just starting laughing part way in and said –

> *"I sort of get what is there. There is a place of great freedom that doesn't happen very often".*

I have been a performer for 30 years. It is place you are looking for as an artist. When you are there it is a very powerful – you would say centered and balanced place. There is not particularly a roadmap to get to it. I think we all recognize it when we see it and when we are in it.

I had an acting coach once. He said what you create is a physical map – physical in the sense it is a body map. If you can trace the sensations, then you can repeat the path. He was using that as advice for actors.

When you finally reach the character that you are trying to inhabit you have traveled a path to it. The more you travel that path, the more you become familiar with that character.

- *That character has a breathing pattern.*
- *They have vocal patterns.*

- *They have memories you have created for them.*

That is the path. Once you start getting familiar with that path into that person then you can repeat the experience of going down the path through those various physical signposts.

In that case it was about inhabiting a character for an acting role. I didn't happen to have the ability to do that as an actor. I do have the ability to do that as a juggler and as a comedian.

I think the principles would be the same in terms of what you are talking about at Parkinsons Recovery and your group's approach and knowledge base. I think those elements of the path are useful for any travel toward any type of centered goal.

People who are connected through Parkinsons Recovery know about your juggling. Could you say a little bit more about your life as a performer, a life where you are constantly living all over the world in various hotels and giving performances all the time?

I never actually wanted to be a performer. I have approached my own life from what I did not want to do and not necessarily the most efficient path to take.

I woke up like in my second year of college and realized if I keep on this path I am going to wind up in my father's law firm. It was a path he created because I allowed the vacuum of a non path for myself to allow somebody else to fill that vacuum for me.

Of course your parents will do that for you. If you *don't decide what to do, somebody else will decide for you whether it is in a personal sense or even in a societal sense. Power abhors a vacuum. My father had plans for me.*

I was just at college you know, listening to music, juggling in the dorm room. It was 1970. I think your listeners can put together part of the rest of that package. This thing came together.

My college friends are going

"That is cool man."

"Can you do that with a black light?"

"Can you do that with a strobe light?"

"You got to do that at midnight movies man"

"You got to do that at the coffee house."

So I started doing this thing. I transferred out to the University of Oregon from Northwestern University. Next thing you know some local rock band that was playing original music and touring around the Pacific Northwest said,

"Why don't you come and travel with us?

I went from the Dean's list to six incompletes in one academic year. People think that doesn't take focus, but it does.

I told my father I was quitting college to become the world's most famous juggler and successfully avoided a career as a lawyer.

If you were to poll the universe on the question:

> *"Do we need one more lawyer or one more juggler?"*

The universe would probably go,

> *"Well. We don't really see the value of the juggler but I don't think we need another lawyer."*

The comedy came a little bit more than ten years later. For a while you are not going to make a living as a juggling act. I wound up going through all the various clubs.

Everything I have ever done has been set to music. I never did the traditional street juggling act. I turned out to be a great concert opening act, first at club concerts. Then I got the opportunity to open some two thousand seaters.

I wound up on tour with a rock group called Asia. In 1982 when their album went to number one, suddenly I am opening for this band in a 15 thousand seat arenas across the country. A couple of years later I got the chance to tour with Michael Jackson on the Thriller tour. That was like stadiums. I am the solo juggling act playing stadiums. It was a little but ridiculous.

Then I realized that was the end of that path. Really you couldn't go any higher. My only options were offers to do a 12 minute juggling act in Las Vegas as a special act for the rest of my life. That seemed more like a prison sentence.

I had always been a writer, a comparative literature major in college. And as anybody listening to this unedited interview – those poor unlucky souls (you can tell I like to talk) - I had a lot of people urging me to get into standup So, I started doing standup comedy in the late 1980s.

The one lesson I learned from the juggling thing is if you are going to make a career as a juggler you have to fit in absolutely everywhere. You have to do things you would never do otherwise just to make a living in terms of gigs. I said to myself when I started doing standup,

> *"I am going to try and find out what is funny to me and make it funny to others. I am not going to try and figure out what the audience thinks is funny and cater to that because that is not of interest to me. If there isn't communication and passion involved in it, let somebody else do it. If it doesn't work, if I can't make what is funny to me funny to other people, then I will just do whatever the next thing after that is."*

All along the thing through this entire arc is clearly that artistic spirit of discovery and communication that has been driving me.

Twenty years in a career in standup and doing very well. I did a bunch of Tonight Shows, toured all over the place. I do a lot of corporate events for a lot of different groups. I have been very fortunate.

Gratitude is a daily meditation for me. I have those days when I am a little bit selfish and feel sorry for myself. They are pretty limited. Most of the time I wake up and I think I am just very, very grateful.

People think gratitude isn't a powerful thing. Many people (the movers and shakers of the world in business) don't really think in terms of gratitude too much. They think in terms of competition and success. But, I think gratitude is a very powerful place to be in your life.

Then of course out of the blue this Beatles thing takes off. That was a year after I started the project that currently is my biggest passion (link on site here) – The Bill of Rights Monuments Project, to put Bill of Rights monuments all over the United States.

When we started there was not a single one anywhere. Now we have put up our first display in Montezuma, Iowa. We actually have a two million dollar design proposal in front of the state of Texas. We have gone over a two year process just trying to get the approval to release the designs and fund raise around them. I think we will be able to do that beginning early in the next year.

Why the Bill of Rights? It is one of the most extraordinary documents not just in American history but in human history and in the history of freedom and liberty as being the path that produces the best results for the greatest number of people.

It is a remarkable human rights document as well. The Fifth Amendment is an anti-torture document. You cannot be forced to testify against yourself as to prevent torture and forced confessions. The Eighth Amendment, even if you have committed the worst of crimes, you cannot be subjected to cruel and unusual punishment. These are human rights principles.

They are American's gifts not just to America but to the world as it turns out. Of course the First Amendment, the Second Amendment ...my short version of it is "what a great document it is in 500 words is:

> *"Speak freely. Carry a gun. Pursue happiness. It presumes you are innocent and that is one great deal."*

I think we should revere the document and spread its principles. The world will be a better place and a place that is able to solve problems better with the freedom of expression and the other freedoms that are involved in our Constitution and Bill of Rights. I am the Johnny Appleseed of the Bill of Rights now.


JOHNNY APPLESEED

When you are juggling and are in that perfect place of balance, I have a set of questions I want to ask you. It is clear it is hard to put any of that to words, but I thought I would try with the interest of *getting folks some clues about what they might be able to do for themselves.*

When you are juggling and when you are in that place of perfect balance and harmony, what does it feel like?

It feels like you are not there. In my case it feels like you have totally inhabited the music. Many, many, many years ago (and it was a very disconcerting thing) I actually left my body once during one of those performances. I was standing up behind myself and watching. I had no physical sensation whatsoever. I was nauseous when I came back into my body. I thought to myself,

> *"It is interesting you can do that but I do not ever want to do that again."*

I never have since then. Obviously there is a certain part that has nothing to do with you. I think that is true of that kind of creative and artistic moment where you have transcended whatever the limits of your individuality are and you have gone to a more universal place.

You do not always feel like performing. I have had a few times – actually two days ago was the first time in about 15 years - that I can remember where I walked on stage without a sense of humor which is kind of not a good thing to do, where you don't want to be there.

Another thing I use to get to the place you are talking about is – I just try and remind myself that whatever is going on in my life has nothing to do with what those people are in the room to see. I just *try to remind myself that you have to love the audience. It is not their problem. I am an old hippy in that way.*

Before the gratitude meditation, I would sit in position and chant. The thought that would constantly bubble up for me during the day – the thought that love was the answer - was the thought for many, many years.

Now gratitude has become the thing that has branched off of that as I get later in my life. Remembering to love what you do and to love and respect the people who have put forth the effort to come and see you is very important. Love and respect are very much the key ingredients to getting to that transcendent place. It is a very unconditional place. That is all I would say.

What thoughts do you have while you are juggling?

The first thoughts are just whether I physically have the chops that day. Sometimes it is a physical struggle. I am almost 56 years old. I didn't think I would still be juggling.

Sometimes you are just tired – mentally tired. You just don't feel like it. You have to fight through those feelings.

It is almost like a dual consciousness. Part of me is doing the juggling and trying to get into the moment of the music. I hate to admit it but sometimes I am reviewing the entire show because it is my closing piece. Then you have to put that stuff aside.

It is a very odd, chattering kind of mind situation where you know this is a key part of the performance. You have to stay in it, but you have done it so many times that your mind is wondering. At the same time as your mind is wondering through all of these things you are reminding yourself *that the key is to lock into that special feeling and follow that map again.*

I think we all struggle through that place of delivering the goods that you have spent your life delivering and also at the same time wanting to just wonder off and have a mental vacation. Yet, you have a responsibility to the people who came and the art you have developed. You can't take too big of a vacation.

I wish I could say I am always thinking this or that. It is a complex moment for me. I lock into that special place which does not happen every performance for a whole variety of reasons... obviously

- *If the stage is lit poorly,*
- *If the audience is drunk and disorderly or just not responsive,*
- *If I can't hear the sound well,*

There are physical factors that come in that knock you off the balance that you are looking for. Then there are emotional things that are things I feel are my responsibility to put out during that kind of performance.

It is always a struggle. It is always a similar path but there are also these different distractions that knock you off on the way to get to that place where it becomes a magical thing. In that case it also requires the audience. I need their energy as well and their focus.

When you are in this place, are you aware and conscious of your body, for example: where you are standing, how you are standing, where your body is relative to what you are doing with the juggling?

Yes. Completely. Robert.

I would tell you that the first thing you try and do is lock into the physical side of things. Just fight off all the clutter in your mind and just go all right. The first thing I have to do is get physically centered and comfortable here with where the various stuff on the stage is – where the lights are coming from, whether the sound is good or not - that kind of technical stuff.

I used to work with a bunch of different lighting equipment. At one point I had a really simple stripped down system which had foot switches on the floor. I had a volume peddle that I could speed up or slow down the flash of strobe lights and some side lights that I would flash on and off, some color wheels I could turn on all with my right foot. That was a little bit complicated and in its own way spastic.

I am juggling and trying to hit these foot switches at the same time and get into it. For years I almost handicapped myself in doing the physical part of things by having a bunch of stuff on the floor around me that was just an impediment. I could not afford a light man. These days it is much easier.

I would say yes, the first thing you try and do is to get in a place where you are physically centered and comfortable. Then you just go for it.

Many people with the symptoms of Parkinson's are actually hesitant to go out in public because their symptoms are so visible. They have anxiety about being in public and wind up isolating themselves. The reason I want to ask the following question is just because of that.
My question for you is: when you are in this special place or balance and harmony while performing, are you aware of the audience?

Aware, yes. Concerned with them? Absolutely not.

I get people telling me all the time, "Those weird expressions you are making..." If I thought about that and tried to be a movie star during it then you can just forget about it at that point. Somebody else's problem becomes your problem. What is the point?

Other than in the few instances of rock concerts where people were throwing things at me, no – the audience is not a big part of that equation other than if I can feel a positive energy surging from them.

Mostly I think it is up to me to reach out to them. This is something I have gotten positive feedback from forever, so at that point you really are not going to be worried too much about what other people think about it.

You have talked about slipping into this very special place when you do the juggling. Is this place familiar to you from childhood or from your teens?

I don't think so. I think the juggling was something that actually put me in a physical harmony that I had never been in before.

I was overweight as a teenager. I wasn't unathletic, but I wasn't athletic. I was much more mental than physical and the juggling changed all of that.

As a juggling act it was always nonverbal, it was always set to various pieces of rock music. I never talked to the audience as a juggling act. It really helped put me personally back in balance between the intellectual conversation and the physical conversation.

The acting coach I told you about said when you can put the four conversations – the spiritual, emotional, physical and intellectual - in balance and harmony, that is when you are in your most powerful position as a creative force as an artist. For me, the juggling was the first thing that came along that absolutely stepped up my physical conversation and helped me get into a real place of harmony. I would say for me it was a huge discovery.

It was also very meditative. All I was doing is trying to inhabit the music. At that point, you as a person disappear.

These days it is complicated because I have been doing it for so long. When you get older your life gets more complicated and you have a lot more noise in your head. But, at that point in time the noise wasn't noise, it was music.

I couldn't play an instrument. For me it was just this physical joy of trying to physically become an instrument. Juggling was a huge key of *finding that very balance you are talking about. It did not exist before then.*

Interestingly enough, the same thing happens in comedy. You get to a place where your mind is absolutely firing on all cylinders. You are extremely articulate and focused. You understand the subtext and deeper meaning of everything you are saying to people. It becomes a very centered, powerful place.

Because it is a joke, because it is a comedy routine, it takes people down a twisting path they are not expecting. You actually manage to communicate because you have just managed to go around the walls that might be there otherwise by taking this strange path called comedy. The ending is a surprise and the surprise is where people say:

> *"Oh. I never put those pieces together in that way."*

You can also have that very centered thing with comedy. It comes physically and it also comes through in good shows as a comedian. That is a pretty wonderful thing with 1,500 people out there. You are actually having them wake up to a new question or idea they hadn't considered before through the power of your language and your focus and offering yourself so openly to people that they wind up coming to see you.

In your shows you do both the comedy and juggling. As I understand it, what you are saying is that many times that place of perfect harmony and balance is actually present when you are doing both, not just when you are juggling?

Yes. It will happen very early on in the show. It comes from me. Some of it comes from the audience. When you feel that energy, you go just

> *"OK. This will be a nice ride. I can go someplace new here."*

Once you lock in, that is where you get the familiarity of it and go,

> *"OK, this is the time to throw the limits off and see how far I can take this."*

For people with the symptoms of Parkinsons fear and stress are huge issues. When fear and stress are up, symptoms flare. Do you ever feel fearful or stress when you are juggling?

No. Sometimes a little physical stress if I am just not up to the moment. I take my job seriously so if a show is not going well I am not particularly happy with it. At that point you are in analytic mode trying to figure out if you can rescue it and get it back on track or if it is going to be one of those – once it gets away from you …

But no. I have fear and anxiety in my life but they don't come from that source. My stress and anxiety comes from the part that happens before you get on stage, the creative part.

If I don't feel like I have written new things, I get stress and anxiety about not being creative enough before walking onto the stage. Writing is really hard. For me, that is my big challenge - to write and create. It is just daunting. Talk to anybody about it. I am not productive enough in my own mind. I wind up with all of this anxiety about creativity.

I am unstable in my creative life, very stable in my personal life. I do not get a lot of anxiety from there. It is so funny to me how for some people instability in their personal life fuels their creativity. For me, instability in my creative life fuels anxiety in my personal life. It is really hard. I did not get up and spend four hours today writing.

No, I am never afraid in that moment. I don't get anxiety from that. I get anxiety from more mundane things which I am sure are familiar to the *people in your audience who have a serious physical affliction. It affects every other area of your life.*

I don't know how you get to where you are not anxious about whether you are going to be able to

- *Do the physical things you need to do,*
- *Take care of your loved ones,*
- *Pay your bills*

and all of that kind of stuff. We do not have exactly a very supportive society in this country.

How do you get yourself out of being in fear when fear rolls in while you are performing, if it ever does?

It has been years since I had that problem. I think you just take your lumps, realize it didn't kill you and after that you just go,

> *"Oh, it didn't kill me. Yea, I got fired. Yea, I sucked."*

The hardest thing for me was I was a great juggler. When I started doing standup, I wasn't even a passable standup. To go from something you are really excellent to something you are not even at the bottom of the ladder you are at the back of the line at the bottom of the ladder was the hardest part.

Walking way out of my own comfort zone and doing something totally brand new. It took a couple of years to get past that insecurity. After a while I realized the best way around this is to just work harder at it. The *solution is in how much time and energy you put into it. That makes the fear part go away.*

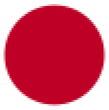
I have a set of questions about preparing for your performance. Just to explain, there are many people I talk with who have anxiety about going outside or having encounters when they are out in public.
What do you do to prepare before your performances? For example, do you do exercises? Do you breathe? Do you look at funny videos? Do you eat? Is there a ritualistic preparation that you have?

No. I am pretty a-technical and pretty a-ritualistic that way. I try to get my workout in and I try to eat at least four hours before a show but that is about as far as it goes as a ritual.

Just before you do your juggling, do you consciously do certain things like take a few breaths, say something to yourself or do you just start?

I just try to get comfortable with the particular stage and location. I am not very good on ritual. I know it is easier said than done. A lot of what you are talking about with this fear and anxiety is so much a cultural thing and it other people's problem. At some point, with whatever perceived defects other people think we have, we should be in those people's faces about it. I honestly think that. People have to get over that.

The first time I was over in Japan you didn't see handicapped people of any kind. You didn't see this whole thing. Culturally it wasn't acceptable. Well, it



is only by people pushing that limit and going,

> *"Guess what? I am as much of a human being as you are"*

that pushes it away.

The second time I went over there they started to recognize they were wasting a huge human resource by doing that. For people to absolutely assert their human resources is not easy but it is the only way you are going to get what you are looking for.

When you find yourself in that particular state of balance and harmony (for example after just finishing your juggling act for a very large audience) does that place of harmony and balance have staying power? Or, do you tend to flip out of that space pretty quickly?

It can be a very creative space and I would say that it does stay. It is a euphoric. It does have some lasting power. People want to meet you after events. That is when it is useful. You can turn that energy and actually give it back to those people.

You are really all over the place physically, giving performances all over the world, living in one hotel room after another. Your life is very chaotic. Yet, you are able to be in such an incredible place of perfect balance and harmony when you perform. How do you do it?

With varying degrees of success. Yea, it gets to you after a while, although my best friend says that I seek chaos. I said

> *"What do you mean I seek*

> *chaos?"*

Then he mentions my wife who is this very energetic Brazilian woman. Her nickname is Hurricane Daisy because her name is Daisy.

> *Oh, Daisy. Oh yea. I guess I do seek chaos."*

Chaos theory: You know – chaos and creativity. There is something within those two.

People with Parkinsons who are finding ways to feel better tell me that there are certain things that help them feel more in balance. I want to ask you if you do these things. First, many people say they exercise regularly. Do you exercise regularly?

Yes I do. I think it is an absolute key. That is one thing I picked up later in life and that I think is essential. So the answer is yes.

They tell me their eating habits are good. They eat healthy food. How about you? You are on the road all the time. Is that even possible for you?

It is not as possible, but I would say more avoiding junk food than eating healthy you can do. Yes, that is a key too – vitamins and that sort of stuff. Clearly, that kind of stuff holds off things that would get to you otherwise. I don't have the best discipline because I am not a "foodie", but sure. That is common sense isn't it?

Some people say meditation helps. Do you do any of that?

Only the thing that I told you. To remember that love is the answer and gratitude is primary. It is easy for me to say; harder for the people I am *talking to right now. No matter what your troubles are, there are things to be grateful for.*

I found that self pity is not a powerful place. Believe me. I've tried it. It doesn't produce great results. You wind up hanging around with a bunch of whiners just like you. What do I need those people for?

Many who have the symptoms of Parkinson's tell me they are very careful about making sure they are properly hydrated, that they drink enough water. Is that anything that is conscious for you?

I try that. You must be aware of stories about everything that is in the water supply. Sometimes you wonder about that. I have a joke about that. I don't know if you read this story recently (and you probably have considering the field you are in) about all the hormones that are in the water supply because of the undigested ED drugs and birth control.

The joke is:

"I am pretty sure that is true because when I read that story I cried."

It is an estrogen joke. I guess I kind of short cut that one on you. Normally, the word estrogen would be there and you would know what the joke was all about. Sometimes I say.

"I cried and punched a firefighter."

People also tell me they have various ways they relieve stress. Everybody faces stress every day. One of the ways to release stress is humor. Is humor one of the biggest ways you relieve your own stress?

It probably is, but not on a conscious level because at this point that is just who I am. We have a multibillion dollar self improvement industry in the United States. I always thought that the best way to improve your self is to help somebody else. It seems too simple.

People take classes and courses and everything in how to become more self aware, more this and more that. It is like – go help somebody. Maybe that is the best stress release of all. Figure out who you can help; how you can benefit another human being.

A number of people have told me that they have had great relief from their symptoms because they have such strong support systems and support networks. Yet, you are often traveling. You are all over the place. Do you have a strong social network or support system for yourself?

Yea, I have some of the best friends in the world. And yes, clearly I think that is a key. I feel very supported. That is why I am so grateful.

What practical suggestions do you have for people who are trying to live their lives in that very same space you are in when you are juggling?

You know, I don't think it is practical. I don't think the suggestion I have would be practical.

I think it is much more finding that specific meditation that helps center you in your entire life and not just in any varied aspect of it. For me, that has been the thing that has kept the chaos from flying apart into pieces. It is just coming back to that one place where you are not the most important thing in the world and where you are in constant recognition of the beauty and potential of being alive. It is an artist's place more than anything.

I know that is not very practical. It sounds like mumbo jumbo.

I was doing a conference with Sir Bob Geldof in Scotland. His story is pretty remarkable. He was sort of a washed up rock star. Now he became the first bono as far as somebody, you know, the first Live Eight concerts.

He was telling the story of how he got to be this person of tremendous impact in the world. Basically it was just by putting one foot in front of the other and making the commitment.

He read a great quote about commitment from a Scottish Mountaineer named W.H. Murray

> *"...Until one is committed, there is hesitancy, the chance to draw back, always ineffectiveness concerning all acts of initiative and creation. There is one elementary truth, the ignorance of which kills countless ideas and splendid plans: that the moment one definitely commits oneself, then providence moves too. A whole stream of events issues from the decision raising in one's favor all manner of unforeseen events, meetings and material assistance which no man could have dreamed would have come their way. I learned a deep respect for one of Goethe couplets:*
>
> *'Whatever you can do or dream you can, begin it.*
> *Boldness has genius, power and magic in it. Begin it now!'*

It is just something I have seen take place. Once you lose the fear and make the commitment, providence moves with you. All *manner of resources and opportunities appear that didn't exist before.*

Maybe that would be the practice step that I would be talking to you and your people about. Just making the commitment unleashes all sorts of things whichever among those commitments it is, whether it is (like you said) to exercise, to diet, to just being as proactive as possible in the face of Parkinson's and what people are facing. I think commitment is just the most enormously empowering thing. It has always been my issue in life. It is a real key.

So a commitment to recover is all people need to be able to find relief from their symptoms?

I don't know if it is all people need but I think commitment unlocks resources that weren't even apparent before. I have found that.

The guy who was talking about that was a guy who has just got the European Union to agree to give twenty five billion dollars to address the root causes of poverty in Africa. Just 15 years before he had been a semi washed up Irish rock star. All he did was make the commitment. The rest was up to his own personal capacity to follow that commitment.

As opportunities appeared he deepened the commitment. New opportunities appeared. One feeds the other.

He had a lot of credibility. In this case it was a conference on enlightenment. It is fine to stare at your navel but make a commitment to use that knowledge. When I spoke to those people, the talk I gave was called "From Seeker of Knowledge to Seeker of Change."

I sort of think that might be a good message toward commitment in what you're talking about. First they need to go seek the knowledge and then implement the knowledge to seek the change in their own health and in all the dynamics that support it.

People are going to want to know how they can follow your career or find places where you are performing. How would they do that? Is there a website they can go to?

They can go to [Chrisbliss.com] and sign up for the newsletter. That is where I post public performances. I don't post a calendar because it changes too much. I do so much nonprofit work I don't want people to think,

> *"Oh – this guy isn't working."*
>
> *"I am working. I am just not getting paid for it. "*

Also there is a link to the [Bill of Rights Project] mybillofrights.org

It is a pretty good project. I like it quite a bit. I have spent almost three years on it so far and I have to raise two million bucks. Wish me luck.

Is there a way for people to contribute by going to the website?

They can go to the website and if they are interested they can sign up. We do all the stuff everybody does for fund raising. We are a [501c3], etc, etc. If they are interested in the project I would suggest they sign up for the newsletter, see what we are doing. If at some point they go

> *"Oh this is really cool."*

We would be more than happy to take their contribution. We don't take corporate money and we don't take public money because of the nature of the project. It is a celebration of individual liberties. We are all about *individual contributions.*

Our goal in Texas is to actually speak across the state at all sorts of civic groups and places where nobody ever goes to get at least 20,000 individual Texans to contribute. You can go out and get a couple of fat cat contributors to build something, but it does not have nearly the impact it does as if you can point to 20,000 individuals who contributed. We believe strongly enough in this to make it happen. That is the template that I am working around. We will go after the larger donors because it is a daunting task no matter what.

It is really about the power of the ideas here. It is not about the sculpture and design. Going out and speaking to people about that is the best way to spread the word.

Do you live in Texas?

No, I live in Arizona right now.

I live in hotel rooms.....

Robert: Which is my biggest curiosity.

How in the world can you maintain that incredible place of harmony when you are going from one hotel room to the next?

Oh, I think you are projecting this incredible place of harmony on me a little bit Robert. It comes and goes.

Well, when I want to go into that place all I do is look at you juggling in the video. I can slip right in.

There was some special magic caught on that particular tape.

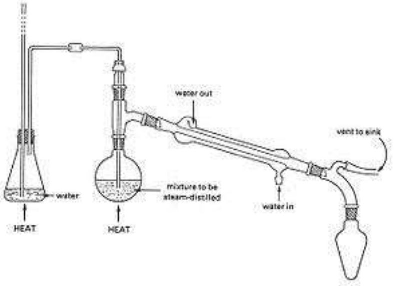
> *It really is. It is quite marvelous. People in the Parkinsons Recovery audience keep clicking on it over and over again. It really does work wonders for everyone who sees it.*
>
> *Or perhaps because they also have OCD (obsessive compulsive disorder).*
>
> *I want to thank you Chris from the bottom of my heart for taking the time to answer all of my questions and to provide this information to people. It has been truly inspirational.*
>
> *It is my pleasure Robert. It is very touching to me to learn that this thing has reached out to the various circles that it has. Best experience of my life. Thank you for calling.*

Jean Oswald, R.N., CCA, Aromatherapist

Introduction to Jean Oswald, RN, CCA

This is Robert Rodgers from Parkinsons Recovery. It is exciting for me to have an interview with Jean Oswald who has been working as a registered nurse in Rochester, New York for 14 years; she is a Certified Clinical Aromatherapist and has been using essential oils now for 10 years. This is something I wanted everyone with the symptoms of Parkinson's to know more about since essential oils have the potential to provide significant relief for their symptoms.

When I use the term "essential oils" what is that exactly? What is an essential oil?



True 'essential oils' refer to a pure, therapeutic grade essential oil. Essential oils are actually the liquid extract, the " life blood" of plants, trees, shrubs, flowers and plants. They come from organically grown plants harvested at the peak of season when they have ideal levels of therapeutic compounds inside. These plants undergo steam distillation over low temperatures and low pressure lasting a *long period of time. They are very different from "perfume grade" oils that can be purchased at local health food stores or retail stores like "Bath & Body Works." The therapeutic grade oils I am referring to are actually nature's medicine right from the earth.*

They are more potent than the plant forms of Peppermint[1] or Basil that you grow in your garden as well. I say this because, when you pick the peppermint or basil from your garden, its life force will measure at a lower 'frequency' or 'vibration' over time as it dries.

*Essential oils will measure at a higher MHz, with more of their life force*Error! Bookmark not defined. *intact. Essential oils are a concentrated form of the plant. Some essential oils require hundreds of pounds of plant material to make a single ounce of essential oil. So the end result will be far more potent than dried herbs. Essential oils also smell wonderful and they have many medicinal properties.*

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[1] Peppermint (Mentha piperita) has a strong, clean, fresh, minty aroma. One of the oldest and most highly regarded herbs for soothing digestion, it may also restore digestive efficiency. Jean Valnet MD studied peppermint's supportive effect on the liver and respiratory systems. Other scientists have also researched peppermint's role in improving taste and smell when inhaled. Dr. William N. Dember of the University of Cincinnati studied peppermint's ability to improve concentration and mental sharpness. Alan Hirsch MD studied peppermint's ability to directly affect the brain's satiety center, which triggers a sensation of fullness after meals. This powerful essential oil is often diluted before topical application. Peppermint may also be used to enhance the flavor of food and water. Peppermint has an approximate ORAC of 373,455 (TE/L). TE/L is expressed as micromole Trolox equivalent per liter.*

If I were interested in getting some essential oils to help with my symptoms such as tremors and rigidity, would I first purchase a 12 ounce bottle at a health food store and put them on my skin as I might put any lotion on my body?

If you did that, you might not have the response you are hoping for. Most people do not know about the importance of using a therapeutic grade essential oil. So, they will do just what you suggested.

But let me give you an example of what could happen. Let's say you love the smell of Lavender[2]. You go into your local natural health food store. You see lavender on the shelf and notice it only costs $6, so you buy it and bring it home. You put it your kitchen window sill.

A week later you are cooking. You burn yourself using the fry pan. You may remember that Lavender is frequently helpful for burns so you reach for that bottle. That bottle of lavender could actually contain more lavendin than lavandula angustifolia. Lavendin contains

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[2] Lavandula angustifolia) has a fresh, sweet, floral, herbaceous aroma that is soothing and refreshing. Because it is the most versatile of all essential oils, no home should be without it. Lavender is an adaptogen, and therefore can assist the body when adapting to stress or imbalances. It is a great aid for relaxing and winding down before bedtime, yet has balancing properties that can also boost stamina and energy. Therapeutic-grade lavender is highly regarded for skin and beauty. It may be used to soothe and cleanse common cuts, bruises, and skin irritations. The French scientist René Gattefossé was among the first to discover these properties when he was severely burned in a laboratory explosion. Lavender may also be used to enhance the flavor of foods. Lavender has an approximate ORAC of 3,669 (TE/L). TE/L is expressed as micromole Trolox equivalent per liter.

camphor which can actually turn a second degree burn into a third degree burn! Yikes!

On the other hand [Lavandula angustifolia]() would begin healing the skin very quickly. I have burned myself in the kitchen and can attest to this; in fact by using [lavandula angustifolia]() I found that I don't even have a scar!

So I would say no, it is not a good idea to go into a natural food store and buy an essential oil that reads "pure, therapeutic grade." You see, today there are no standards in America for selling essential oils, so all a manufacturer is required to do is put one drop of pure essential oil in a bottle and then a label can be put on the bottle that says the entire bottle is pure, therapeutic grade. This is unfortunate but true. You really need to know the company you buy from!

In Europe (especially in France) physicians have been prescribing essential oils for decades. They have relationships with their distillers. They know they are getting a therapeutic grade essential oil. Pure essential oils are not extracted with solvents or toxic chemicals that can cause adverse reactions.

Therapeutic grade essential oils are distilled at low pressure and low temperature over long periods. These specific oils will be tested in a laboratory with an instrument called a gas chromatograph and mass spectrometer. This equipment shows which healing compounds are in the oils and the actual percentages of those specific compounds. In contrast, over- the- counter oils are considered 'perfume grade'.

I hope you can see that your source of essential oils is important.

How would I know what type of essential oil will help me? For example, if my symptoms are tremors and rigidity, are there specific essential oils that can help offer me some relief from my symptoms?

Yes there are specific oils that offer relief.

As an aroma therapist I can offer suggestions or you could work with a physician who understands essential oils. Usually people cannot get education on every topic so they go to a specialist. I do consultations for example. Many aroma therapists around the country also offer essential oil consultations.

You live in Rochester, New York. If I lived in California would I be able to get a consultation with you?

Sure. I do phone consultations.

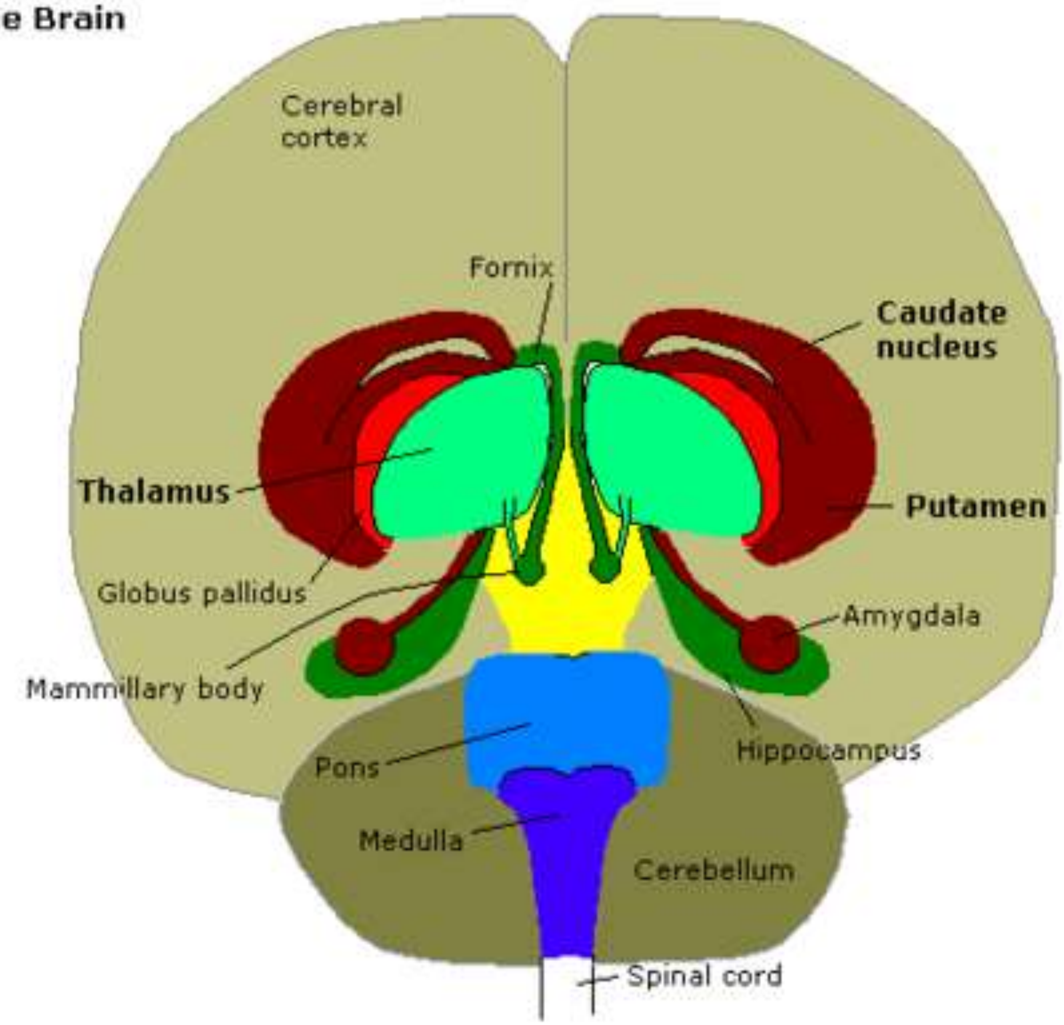
So, in a consultation, we would talk about the issues that are problematic for the client and you would be able to sort through recommendations for what essential oils might help?

Yes. I am a registered nurse. Although I was trained in western medicine (which looks for a drug to treat a symptom), I prefer to understand the root cause of a disease and aim for healing those issues. Still, I will suggest an oil to help a symptom as we strive to make changes to bring the body back to balance.

You are an aroma therapist. Let's say I did a consultation with you. You recommended certain essential oils that I need. I then acquire these oils from you or from some source. How does aroma therapy work? Do I smell it or do I put it on my body?

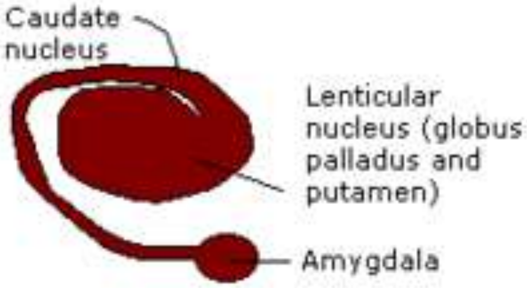
There are actually many ways to use oils. Yes, you can smell them. That is one way. Fragrance travels through the olfactory system and goes directly to the limbic region of the brain where the amygdala resides. Here emotions like anxiety and frustration can be released. Fragrance affects us very much!

The Brain



The brain as viewed from the underside and front. The thalamus and Corpus Striatum (Putamen, caudate and amygdala) have been splayed out to show detail.

Corpus Striatum



You can also put essential oils on your body, on the skin. The tiny molecules are easily absorbed through every layer of the skin, sweat glands and nerves and can be detected in the bloodstream within minutes. This means they will circulate throughout the body very quickly to bring healing.

We can also take them internally in capsules or teaspoons of honey. Taking oils internally can provide a more therapeutic reaction, but it needs to be done under supervision of a professional who knows what they're talking about.

I'd like to back up a minute and say that there are different schools of thought on how to use essential oils:

- *The Germans recommend using essential oils via inhalation only.*
- *The French recommend inhalation, ingestion and topical use.*
- *The British prescribe diluting oils and using them primarily in massage.*

Actually, we can benefit most by using all of these methods.

So if we take the example of muscle rigidity in people with Parkinson's, aroma therapy massage could be very beneficial. Shirley Price is an aroma therapist who has written books for health care professionals. Her study called The Parkinson's Project was published online in "Positive Health" *magazine. Her work found that aroma therapy massage was very beneficial in easing pain, rigidity and movement in general.*

It sounds like there are a lot of options. You can actually ingest them? You can put them in liquids?

Essential oils are the end product of distillation, so they come in liquid form. They are the liquid extract from plants, remember? I take essential oils in capsule myself when I am feeling run down or if I am around people who have colds and sore throats. I did it this week and knocked a sore throat out of my system within 24 hours.

Are they sold in big bottles that would be, for example, 10 ounces or are they smaller bottles with only a few ounces?

I buy essential oils online from a company called Young Living. They are the largest manufacturer of essential oils in the United States. In business for 13 years, this company has stringent benchmarks for distilling and selling therapeutic grade oils. I have been to their distillery in Utah and I have personally met Gary Young who is the CEO.

I would describe him as having an Indiana Jones personality because he has done the legwork himself in building his company from the ground up. He has studied with experts around the world to really understand what it takes to make good quality oils…… from growing the seeds all the way to packaging it and sending it to you. Gary is committed to healing on a cellular level because of his own personal story. I think you can read it online……

Young Living's oils come in very small bottles. The biggest bottle I have is actually 15 milliliters. That is half an ounce. They are small but at the same time these bottles have up to 300 drops in them. They are very concentrated. You will only need a couple of drops in an application, so the bottle of oil can last you two to three months. When people first hear how much they cost, they sound expensive. But, like I said, you only need a little bit.

There is a big variation in the cost of the oils. That really depends on where it comes from around the world. High quality Frankincense is scarce right now as is Helichrysum[3] *.*

When companies approach Gary to sell their oils to him, he is careful to look at the GC/MS breakdown of compounds in the oil. He knows what percentage of specific compounds he is looking for because he knows what properties those compounds offer us in healing ability. This means that he won't accept a batch that falls below his standard even when he is criticized for this.

Let's say I had a consultation with you. You recommend certain oils. I receive them in the mail and I start to apply them. I find that one of the oils in particular gives me wonderful relief. I am a pretty intensive person, so I start putting a lot of that particular oil on my skin. Can I overdo it? Can I put too much oil on myself?

Yes, you can. And you can waste a lot of oil too. There are few fatal toxicity cases that occur, but they are almost always dose related. I keep Robert

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[3] *Helichrysum (Helichrysum italicum) is known for its restorative properties and provides excellent support to the skin, liver, and nervous system.* Scoring an amazing 17,430 on the ORAC scale, Helichrysum also provides a defense against harmful free radicals, making it a vital ingredient in several Young Living blends.*

Tisserand's book on my desk: Essential Oil Safety: A Guide for Healthcare Professionals so that I can look up information as I need to.

Also, it helps that these bottles come with drop dispensers. They only pour a drop at a time. Even for children it would take a whole 15 milliliter bottle to hurt a child. Because of the drop's dispenser they are much safer to use.

Besides the safety issue, there wouldn't be a need to use 10 or more drops on the skin. Remember I said that they are more potent than herbs because they are concentrated? They are powerful in small amounts. I offer a special treatment in my office called Raindrop Technique but I only use about 6 drops at a time for this unique treatment. If I were instructing someone to use these oils at home, I would be telling them to use 2 or 3 drops at the most.

The raindrop treatment is like a massage?

No, Raindrop Technique is not a massage. It was developed by Gary Young about 15-20 years ago and it is based on his research with essential oils as antimicrobial agents, his knowledge of VitaFlex technique and its reflex points on the feet and information on finger stroking that he learned when he lived with the Lakota people in South Dakota. This technique has a powerful effect on the muscles and nervous system.

I have also been reading about a protocol that Gary has been using at his clinic in Ecuador for the past couple of years. It is called the neuroauricular technique (pronounced 'noricular') and it is performed with essential oils and a glass probe (lightly touching the skin) at the top of the brain stem and down the spine.

There is a lot of interest in this technique specifically for people with Parkinson's disease because there seems to be a correlation between stimulating that part of the brain stem (the top where endorphins, neurotransmitters, enzymes, and hormones either get congested there or don't move easily down the brain stem) and the improvement of connections between the nervous system and the muscles.

Has there been research to evaluate the impact of essential oils?

Yes. There are thousands of articles online and in journals about ways that essential oils can help with common problems like mood, chronic pain, digestive issues, sleep and more. For example, I subscribe to an international online data base in France. It helps me identify studies done on certain essential oils that I can share with my clients.

I recently accessed 3 studies describing how limonene helped prevent breast, liver and lung cancer. I have a folder full of clinical studies on specific physical issues where essential oils have been shown to be helpful. I also have stories from individuals who have found some improvement with Parkinson's symptoms from using essential oils, but you need to understand that Parkinson's disease doesn't go away with one essential oil application.

In America, the primary clinical studies that are done are funded by pharmaceutical companies. Pharmaceutical companies cannot make any money on natural plants. You cannot put a patent on something like peppermint, Basil or Cedarwood Pharmaceutical companies are not interested in funding these studies. There are therefore few studies that examine the effect of essential oils using human subjects.

There are different organizations across the world that are starting to come together, even the National Institute of Health. If you go on *www.pubmed.gov you will see 7,000 postings[4] of studies that have been done with essential oils.. Even though I have been in the audience where doctors are talking about essential oils, this work is still considered 'new' to most doctors.*

What if an individual has problems with muscle rigidity and it is very difficult for them to move with ease. What is an essential oil that might help relieve that particular symptom?

There are a few essential oils that can be helpful. But because each person's body chemistry is different, you might need to try a few before you find the right one. This requires some patience.

Gary Young's Essential Oils Integrative Medical Guide suggests using Juniper, Peppermint and Vitex essential oils. I would suggest applying a drop or two of these oils right on specific muscles that feel tight. Muscle rigidity might lessen with the help of Marjoram essential oil.

Using these oils in a massage or putting them directly on the skin along the spine (as we do in Raindrop Technique) can be helpful. When we use a blend of essential oils, there is a synergy that occurs where many gentle, but subtle effects can make a difference for the person.

How about the problem of tremors? What essential oils might be recommended to relieve that symptom?

Basil is the first oil that comes to mind or Frankincense, because they are well known for their anti-spasmodic action.

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[4] *Click on the pubmet.gov link and type in the search window the term "essential oils" and at least 7,835 entries (as of November, 2008) will be found.*

A problem some people have is with excessive salivation. Are there any essential oils that come to mind specifically for that symptom?

I would have to do some research on what causes the salivation to understand what would support that best.

This is a weird one - how about insomnia?

That one is not so surprising. Taking a look at the common drugs on the market, you can see a lot of people suffer from insomnia. There are many causes of insomnia as well, so there are many options in essential oils: Lavender comes to mind of course, but so does Roman Chamomile and Valerian.

There is a new essential oil blend that Young Living made last year combining Ruta, from the rainforest in Equador, with Valerian and Lavender and they call it RutaVaLa[5]*. This oil has helped me fall asleep better than any other and I sleep soundly! Sometimes I use that Citrus Blend called Peace & Calming or the Lavender for a long time and find that I need to make a switch. I have a variety of oils to choose from.*

Many people I interview talk quite extensively about stress and how that affects them. When they are under extreme stress their symptoms flare up. Can essential oils address the problems that stress creates?

I think that's a loaded question really because in America we tend to live in what I will call "sympathetic overdrive" If you have visited other parts of

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[5] *RutaVaLa promotes relaxation of the body and mind. It helps ease tension and relieve stress. The blend helps overcome negative feelings while encouraging a positive attitude and comfort.*

the world you can see that other cultures live a more "laid back" existence. Here we move quickly, have long lists of things to do, want everything 'instantly' and this keeps our bodies in the 'fight or flight' mode. That 'lifestyle' is a dangerous precursor to disease. In other words, we create much of our own stress.

I encourage every client to lie down in 'corpse pose' for 15 minutes/day or 15 minutes/day 3-4 times a week. This alone can make a difference. Can essential oils help with stress?

Definitely. One of the best things to do is put a drop of essential oil into the palm of your hand and rub your hands together. Then hold your hands over your mouth and nose, close your eyes and inhale. The fragrance alone can make a difference.

Balsam Fir[6] is a useful oil for almost any of the symptoms we have already covered. Balsam Fir really helps the body relax. It is a good anti-inflammatory essential oil. For stress, that is the first one I think of. But again, Frankincense, Lavender and Cedarwood are very good for that as well.

You give talks to many different audiences about essential oils – to health care communities, doctors, nurses, physical therapists and other interested groups. Are you still available to give talks to groups?

I love sharing the information about essential oils. Last fall I gave a talk at one of our local hospitals on two clinical studies that have been done… One of them was done in a laboratory; the other in a nursing home in New

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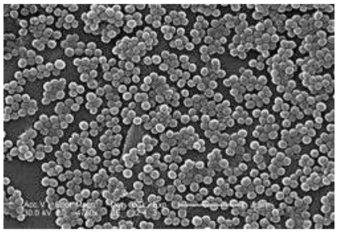
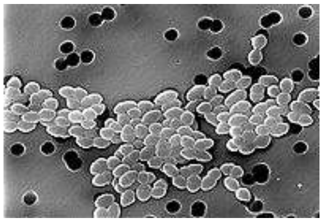
[6] *Balsam Fir (Idaho) (Abies balsamea) is a conifer oil distilled in northern Idaho that has a refreshing and uplifting scent. Used in massage, it has a soothing effect on muscle and body discomfort associated with exercise*

Jersey. The studies found that essential oils are effective in killing superbugs like MRSA.





You have probably heard of [MRSA](#) and [VRE](#)[7] – some of those really strong bugs that the big gun [antibiotics](#) can't seem to help? Essential oils have been tested both in the lab and in clinical settings and found to be effective in destroying airborne bacteria.

For me, going into a hospital and having doctors and nurses tell me how this is good news feels wonderful. It is helping to change the face of medicine.

There are some reports that pathogens and bacterial infections confound the symptoms of Parkinson's. It sounds like essential oils have the potential to address those pathogens?

Yes, very much so. And that is why essential oils are so special because there is a synergy amongst the molecules within a single essential oil. If you consider the fact that there are hundreds of molecules in one single essential oil, then you begin to understand the scope of how an essential oil can confuse the microbes. Penicillin always looks the same as a chemical compound, but essential oils have too many compounds for a microbe to figure out how to get through the cell wall. They will be more effective at killing microbes!

Obviously people who live in states other than [New York](#) and in other countries will have difficulty getting you to

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[7] Vancomycin-resistant enterococcus (VRE)

come and give talks. Are you available to give conference calls to Parkinson's support groups?

Definitely. If you want to fly me out to Washington state or Albuquerque, New Mexico (or wherever) I would be delighted to come and talk.

If a person would like to have a specific consultation with you about symptoms they are experiencing, how do they go about doing that?

My phone number in the United States is 1-585-872-6242. My e-mail address is: jean@compassionateconsulting.net. And my website is www.compassionateconsulting.net

It is difficult to write a lot of information in an e-mail. I prefer the phone calls and the consultations. I cannot do it very well in e-mails. I am too busy. The phone calls are best.

Your career has been fascinating Jean. I know you have been very intensively involved in the medical establishment as a nurse and have worked in some very intensive care medical environments. What encouraged you to make this shift and work more in a field many people do not know much about – the area of essential oils and aroma therapy?

After several years of working in a local hospital I wanted to help people in a more personal way. "High tech" nursing can save lives, but it also felt impersonal. I also believe we need to help people understand what causes illness so that we can heal from the inside out.

I was fortunate to meet a nurse about five years ago who introduced me to a doctor who chaired the integrative health committee in our local medical *society. We have about 1,700 physicians in the medical society. They had asked about a dozen years ago to develop this integrative health committee because so many of their patients were asking doctors:*

> *"Do you know about acupuncture?"*
>
> *"Can I go see a chiropractor? The pain in my back isn't getting better."*
>
> *"What do you think about herbs? Will they interact with my drugs? Are they safe?"*

I was so excited to join this group because for years in the hospital setting and in the community home health care setting I was feeling western medicine was incomplete.

I am a sensitive soul myself. I react strongly to drugs. I do much better with natural medicine. And as a mother I wanted something better than a prescription.

I have five children and I have been using essential oils with my kids for years. They have gone on to college with their own set of oils. They love to call home and tell me how they are working for them and how they are sharing them with friends.

I was very excited being a part of the Integrative Health Committee and being supported by local practitioners. Everybody from Reiki masters to massage therapists to chiropractors to pediatric integrative health doctors.... It inspired me to begin doing what I love. I had been using the oils for such a long time, so I had a powerful tool to help people on an individual basis.

I feel that there is so much more that is needed than drugs and surgery. Primarily that is what doctors learn in medical school. I think we all know it is incomplete and sometimes not the right answer for people.

So, that is how I really got into this – through the encouragement of one of the doctors on this committee to share information about essential oils with people. This is what I have been doing and I absolutely love it.

This is not a sideline for you. You are not doing this part time. This is a full time commitment for you. Is this right?

It is definitely a full time commitment to me; in fact I need to find more balance in my life. I get so passionate about sharing the oils that I forget to eat or stop and go for a walk in the sunshine.

You are not doing the intensive care nursing work anymore?

I am weaning away from traditional nursing jobs. I work two days a week in an infusion center and devote 3-4 days/week to my own business.

What is so marvelous about essential oils is that it is a noninvasive therapy. You are not cutting into anybody. It is a very gentle but powerful therapy.

The oils also amplify any energy work. There are all sorts of ways essential oils amplify the work of Reiki, craniosacral or Emotional Freedom Technique that you might already be doing.

If you understand vibration and frequency of living things the essential oils that are pure, therapeutic grade actually raise the vibration. That is another way that they help us.

That will be of interest to many people who are reading and listening to this. Many people are getting craniosacral work or Bowen therapy or some type of energy work now. It will be interesting for them to explore the possibility of supplementing that work with some of these essential oils.

That is exciting.

You mention that you do consultations with people. It is one thing to say you do these, but it is quite another to get a sense of how this works. Are you available to be a guest on another teleseminar? I could invite several people to join us. You could basically do a live consultation with them while others listen. Would you be willing to do that?

That would be wonderful. I would need to ask them to complete an intake form before the consultation. Background information is very important so I can feel the broader scope of what someone is dealing with.

We will do that. People can then get a real sense of what an essential oils consultation is all about.

Thank you for being available to talk about this wonderful, new, powerful area of aroma therapy and essential oils that many people with the symptoms of Parkinson's know very little about.

Lisa Brown, Physical Therapist

It is my pleasure today to interview Lisa Brown who is a physical therapist from Framingham, Massachusetts with the Spaulding Rehabilitation Hospital Network. Lisa specializes in working with individuals with have neurological conditions with a focus on helping people who have been diagnosed with the symptoms of Parkinson's. She works at the Spaulding Framingham Out-Patient Center.

Could you please talk a little about what is involved with people you work with who have Parkinson's?

I work in an outpatient setting. Patients typically come to us which tends to mean I see patients who are earlier onset in Parkinson's or at least still ambulatory in the community. I specialize in balance disorders so unfortunately I tend to see patients after they have had a fall or a series of falls. Or, they are having problems walking around the community or even getting around home.

We have a chance to evaluate them, to get a sense of where their problems are coming from. Then we do what we can to modify their environment so that they can get around better. We also teach them techniques that are available to adapt and recondition and improve some of their strategies so that they are safer at home and in the community.

If I am a person who has had these challenges, when I go to you is it a question of your moving my arms and legs around so that they are more flexible or do you work with me in terms of helping me how to walk?

Each individual patient can have their own set of complications. For example, a lot of our evaluation is very, very task specific. We really try to pinpoint where the problem is.

- *Do you have a problem getting out of bed?*
- *Do you have a problem getting out of a chair? This can be a fairly common problem with patients with more advanced Parkinson's.*
- *Is it a problem walking moving from one surface to another?*
- *Is it a range of motion problem?*
- *Is it a conditioning problem?*
- *Is it a sensory problem?*

For example, some people are not able to use the information they are getting through their feet to figure out what surface they are on. We help them with this problem so they are able to move safely from a floor to a carpeted area. It is very task specific and patient focused. Little of it is me putting my hands on the patient and stretching them out.

A lot of people you see have had difficulty with falls or other problems. Is there any reason why a person who is first diagnosed with the symptoms of Parkinson's should come to you in the very beginning?

That is when it is often the most appropriate. So many secondary problems that people experience through Parkinson's can be prevented or at the very least alleviated.

By problems I mean tightness through their spine, losing their flexibility in different joints. Cardiac conditioning is important because they are not as mobile as they were before. We can also offer some general dietary information or at least point them in the right direction.

The assistance can be subtle like making sure you are wearing the appropriate foot wear. Or, making sure you have a daily exercise routine that you can use that will help you keep your balance up to par. We will help you keep your strength up to par and your flexibility.

That is a group we love to see who are in that prevention realm. Unfortunately I think nationwide that is a difficult group to capture because not a lot of insurances cover interventions on a preventative basis. Usually we do not see patients until they are having a problem.

When a person comes to see you is it likely that they will get a relief from symptoms and feel better or are they going to feel worse?

Some people complain they feel worse initially, but no. There is so much we can make effective change to. Even at later stages we can initiate stretching and a range of motion program - something that can easily be performed at home.

A lot of the recent research has shown us that patients at any age can improve their strength. The stronger you are in your arms and your legs, the easier it will be for you to go up and down stairs, to get out of a chair and perform those everyday activities. We can always make an improvement in somebody's strength.

Even though you are losing that processing capability that can interfere with balance there are many strategies we can implement that can help. For example, use visual cues a little but more effectively to improve your balance and other programs like that depending on the patient's specific problem areas.

You have extensive experience working with persons who have Parkinson's. Do you have an exercise protocol that you give to people that you recommend everybody does or is the work you do very specific to the person's needs?

We always try to tailor the specifics of the programs to the person. It is focused on whatever problems they are having. The global theme across the board is always a range of motion program, some type of a strengthening program that they can be involved with and some type of a balance program.

It is hard to develop a protocol because you have patients that live alone, do not have a lot of family support and may have difficulty going into the community for certain activities versus you can have another patient who has extensive family support, who can go to an outside exercise *program or yoga class or things like that. You have to look not only at the patient's needs but at the real choices that are available to them.*

There are many physical therapists nationally and internationally. Your work does have a focus on persons with Parkinson's. How does a person find a physical therapist who has that specialized training as you do?

You can ask your physician. A good way to find a physical therapist is to go the American Physical Therapy Association web site. On that web site they have different divisions of therapists that specialize in neurological disorders and movement disorders. They will have a list of people who are registered in your area that can treat that specific diagnosis you are looking for.

So is the list for people that have neurological problems or is there a list specifically trained to help with Parkinson's patients?

There is a neurology section on the American Physical Therapy Association. I believe Parkinson's and movement disorders falls under the Geriatric Group Specialty. You can e mail anybody in the neurology section and ask them which way to go for resources and they can direct you on the right pathway.

Is there special training that a physical therapist has to have in order to serve the needs of this specialized group of people?

There is a variety of training you can do as a physical therapist whether it is through course work or other means. I think we are very lucky now that there are a lot of resources available in terms of studies that are being published. You can take continuing education classes. There is an *advanced neurology certification but that is not very common. There are a small percentage of therapists that go for an advanced certification.*

What you are looking for is someone who works in a facility that treats patients with neurological disorders and focuses on it instead of going to – say – an outpatient orthopedic clinic. They would not have the same background.

What would you say is the most important thing for persons with Parkinson's to know about movement and about flexibility? What would you want them to know would be most important?

I think the most important thing would be to stay as mobile as you possibly can and engage in activities that are something you enjoy. One thing that can be hard is that if I give you a specific exercise program but you are not interested in it – you are not going to keep up with it.

Find activities that you enjoy, whether it is a walking group or going to a local gym or a yoga class or a Pilates class or some type of a community facility where you can go to for exercises. You really just want to stay as active as you possibly can.

Don't be afraid to be an advocate for yourself. I know many patients have come to therapy more in that early stage of the disease and turn around and say to their physicians – this is what I want. I want to learn how to exercise. I want to learn how to improve my balance.

Don't wait until you are falling and having a problem. Don't wait to be an advocate for yourself. Ask for resources, help and information.

How do people get in touch with you?

My e mail is lbrown12@partners.org. Our clinic phone number is 508-872-2200. My extension is 4258. You can always leave a message. E mail is easier because I am not in the clinic on a full time basis. I can answer e mail at any time versus voice mail which I only get a couple of days a week.

You recommend that the more active the better and what you see is that people get a relief from symptoms when they are active and symptoms get worse when they are not?

Right. Absolutely.

Steve Fenwick, Ph.D. Psychologist

***Dr. Fenwick** is a psychologist who works with clients one on one in Portland, Oregon and Olympia, Washington and provides long distance phone consultations with people all over the world. Steve specializes in process work which is a powerful approach for exploring the true meanings that underlie our thoughts, dreams and symptoms.*

He completed a diploma in Process Work from the Process Work Institute of Portland in 1998 and that same year he completed a Ph.D. in Psychology from the Union Institute in Cincinnati, OH. Steve has been a student of Arnold Mindell and Process Work since the early 80's. He has also taught several classes and workshops at the Process Work Institute in Portland, in Olympia and elsewhere. He is a Licensed Mental Health Counselor in the State of Washington. Steve can be reached at <fenwizard@earthlink.net> or at 360-867-1877

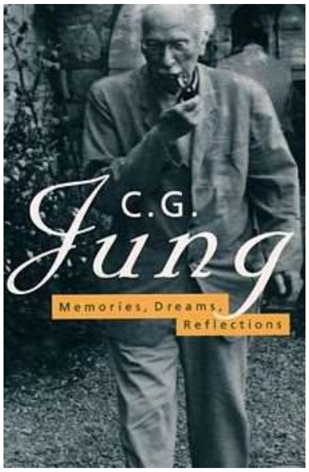
About Process Work

Process work is uniquely suited to making conscious the reasons why a person with the symptoms of Parkinson's might unconsciously not want to heal. It is one (among other) approaches for helping a person transform their unconscious "no – I do not wish to feel better" to a conscious "yes – I am healing myself now."

I'm Dr. Robert Rodgers and it's my pleasure to welcome Dr. Steve Fenwick with us today who is a psychologist and who will be talking about process work.

Dr. Fenwick, could you say just a bit about your background and how you came to become a psychologist?

In my early twenties, I got very interested in dreams and I stared reading about dreams and keeping a dream journal. That led me into studying Carl Jung, who was a psychologist in the early twentieth century who was very interested in dreams and what they mean. So I went to Antioch University in Seattle and got a masters degree. I focused a lot then on dream work and Jungian Psychology and archetypal types of things.



Then I graduated and started doing counseling work. I started looking for other kinds of paradigms that work with a wide variety of different issues that come into counseling practice and mental health centers, the kinds of places I was working.

Then I came across this very interesting book by a guy named Arnold Mindell called The Dreambody. The book had just come out in the early eighties. He was a Jungian from Zurich, Switzerland and a very interesting guy.

He had been a physicist who went to Zurich originally to study physics at the same place that Einstein studied physics. And while he was there he started

having a lot of dreams that he got interested in. Somebody suggested he go see this woman dream analyst who lived down on the lake of Zurich. It turned out that she was Marie-Louise von Franz who was one of Jung's main pupils and protégés. Jung had just died a week or two before Arny had arrived in Switzerland.

Arny went down there and met Marie-Louise von Franz. He got very interested in what she was doing and ended up becoming a Jungian analyst himself. In his practice he started having a lot of people with physical symptoms of various kinds and he himself was having some physical symptoms.

He got interested in how the body connects with dreams and how physical symptoms connect with dreams. How are those two things connected? So, he came up with this idea of the Dreambody: the dream and the body are really connected on a deep level.

When we have symptoms, they are like dreams. Dreams and the Jungian idea of dreams is they are not just repressed stuff. Freudians look at dreams like it's just a lot of repressed stuff. The Jungian view of dreams is that dreams have to do with our meaning and purpose in life.

Dreams are telling us things. Dreams are always giving us guidance about how to become more whole as human beings. So, he started looking at symptoms that way. Symptoms aren't just bad things. Of course on one level they are negative. It's horrible to have a chronic symptom like Parkinsons that you have to deal with. Nobody likes to have those kinds of things happen.

On another level we can look at them as being meaningful in our lives. They have a message to tell us something about ourselves and the way our souls are trying to grow and develop in this life. He started working on how to work with dreams and body symptoms as connected - as one whole.

For instance, he had a patient who had cancer. I believe he had stomach cancer. This patient went into the hospital and he was dying. Arny went to visit him and said,

> *"Describe what you're experiencing in your body."*

This person lying there in the bed said.

"Oh, this horrible pain in my stomach, it feels like it wants to explode! It's just like a bomb, it wants to explode!"

Arny had him make exploding noises and expressing that explosion in different ways. As it turned out, he said,

> *"Arny, I've never been able to express my anger any time in my life."*

He just started expressing his anger and talking about all the things he was angry about and working out his anger with various people in his life. Within a week or two he was fine. He went into remission and came home from the hospital.

Just before he went to the hospital the man actually had a dream that the cure for his cancer was a bomb.

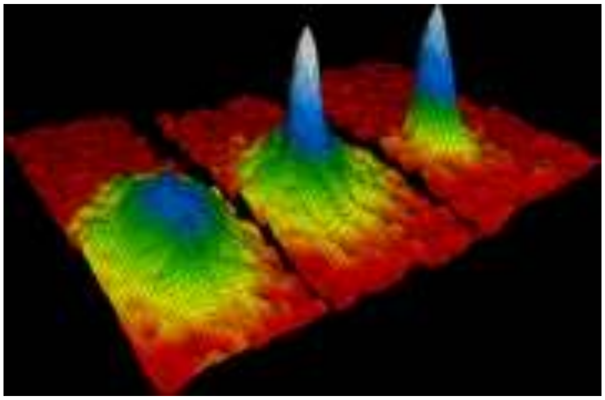
That's just one example. It's not always anger. It can be various things that need to be expressed in our lives. The dreams are telling us that to become more whole we need something that we're not normally identified with.

What often happens then is that when a person comes to see you, they will come with a dream and you will help them sort through what that dream means?

You can come with a dream or you can also come with just your symptoms because the symptoms are like dreams.

Mindell then expanded the paradigms to look at everything in our life as something like a dream. A symptom can be like a dream. A relationship *problem or a family problem is like a dream. World problems, problems at work are like dreams. Everything has a meaning. It's all interconnected on a deep level.*

That's what he calls the "Dreaming Body." It's this field of dreaming that we're in. It's kind of like - our lives are like dreams.



On one level this world is very real. It's what he calls consensus reality. He talks about different levels of our experience so on one level, there's consensus reality, which is the reality that we all agree on is real. Science can measure it and we have an agreement, a consensus, that this is real. You can test it. That's what normal western medicine deals with, the consensus reality level of the symptom.

Underneath that there's a dreaming level of the symptom. Even under that there is what he calls the essence level, which is even a deeper level than the dreaming level. It's almost hard to even verbalize what that is. It's like an energy source behind the dream.

There are these different levels. He compares it to different colors of the rainbow. There are different frequencies or levels, like colors of light.

In his book, [The Quantum Mind and Healing](), he talks about what he calls Rainbow Medicine, which explains that with any medical problem it is good to work on all those levels. On one level there is the consensus reality level. Of course you want your symptoms to go away. You don't like your symptoms-

so you go to the doctor and you try to alleviate the symptoms as best you can with western medicine, with alternative medicine and all those various types of things.

But then beneath that it's also good to look at the dreaming level. What does this all mean in your life? What's the meaning? Look more at the meaning as well as take care of the consensus reality level of the symptoms.

As you look at the underlying meaning and purpose of the symptoms, what are they trying to tell you? It is like it has a gift for you.

Even though you may hate the symptoms - we all hate symptoms - but even though we hate them and we want them to go away and we do everything we can to make them go away (which is good) we also want to look at what the meaning is.

What is it trying to tell you about your life?

What is it trying to tell you about your life's purpose and meaning?

And as you unfold that and get more in touch with that and express it more in your life, often times the symptoms do get better.

What you're telling people is that if there are some horrible symptoms that are connected to Parkinson, it's actually a good thing, rather than a bad thing?

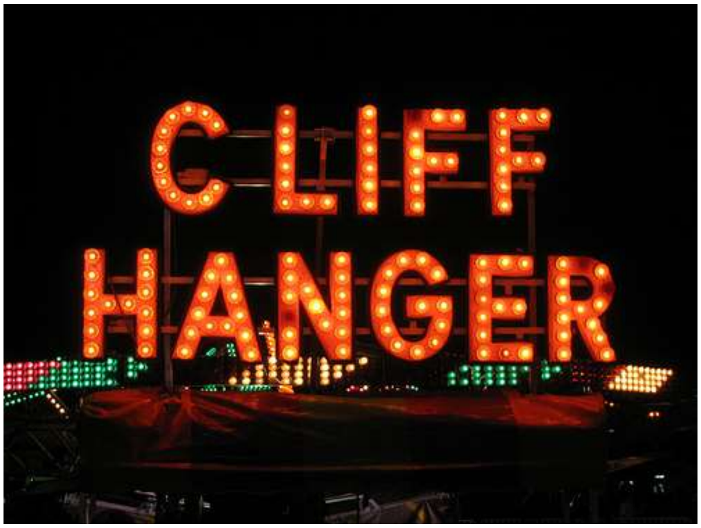
In a way it's both. There's a bad aspect of course that you don't like and do everything you can to get help with it. But then, there's also a gift that you want to unwrap and unfold.

Look at what it's telling you. Our normal conscious identities become limited. It's what Jung talked about in terms of the ego being one sided. Our identities become too constricted in life and then there is something *else that comes up from the dreaming level that is trying to compensate the ego and tries to say.*

> *"Hey look at this; you're not living this aspect."*

We all have these limiting beliefs, maybe from childhood trauma or from family or cultural beliefs systems that we've inherited, that say we shouldn't be a certain way.

- *We shouldn't express our anger.*
- *We shouldn't allow this or that in our life.*
- *We shouldn't let ourselves be too wild or out of control.*
- *We shouldn't allow various things.*
- *We shouldn't be certain ways.*



To be whole, you need to let a little of everything in your life that needs to be expressed. Sometimes if those things aren't expressed and are alive, then they come up as dreams or they come up as symptoms or they come up as relationship problems or various things in our life.

> Let's say a person with the symptoms of Parkinson's is shaking or tremoring. What might be an interpretation that is possible of the shaking or tremoring in the context of the person's entire life?

It's not so much that we make an interpretation with our heads. How we would work with that is we would actually have you get into the shaking which is the exact opposite of what you would normally want to do. Most people would want to inhibit that shaking because you don't like it. And that's fine. But to find the meaning of the shaking, to experience the meaning, we would amplify the symptom. Just like the guy with the feeling of the bomb in his gut; to amplify that feeling till it expressed itself. Express what it wants to express.

We might have you make the shaking even bigger.

- *Go with the shaking.*
- *Move it even more.*
- *Shake even more.*

Of course you need to do that in way that is safe for you. You don't want to fall and hurt yourself whether you do it sitting down or standing up-whatever works for you in a safe way. Almost make it into a dance like you are really expressing that energy.

What is that energy expressing? There is no way to know ahead of time what it means until you experience the meaning yourself.

- *Feel the energy within yourself.*
- *What is that telling you?*
- *What is it trying to express?*

What you're describing now is "Process Work"?

Yes. Originally Arny called this Dreambody Work and then as he expanded the paradigm even more. He started bringing in ideas from:

- *Quantum Physics*
- *Shamanism*
- *Daoism*
- *Buddhism*

And other different sources, working with a wide variety of

- *medical problems*
- *family problems*
- *relationship problems*
- *psychological issues*
- *world problems*

He expanded the paradigm and called it "Process Work". So that's what it's now mostly called is Process Work or Process-oriented Psychology.

Let's say I had Parkinsons and I came to you. We begin to work together and the approach is to help me exaggerate my symptoms which is shown by a tremoring of my hand. Am I going to have certain thoughts that I didn't expect? Will I have certain feelings that I didn't expect or revelations? It obviously can go in a lot of different directions but what's likely to happen?

It's always a surprise. You never know what's going to happen and that can be a little scary for people. We try to work with you in a way that is not too scary. You try to get to

"What is the energy quality that is expressing?"

One example - and it may not apply to everybody - but one example is this. Maybe in your life you have restricted yourself too much. You've been maybe a very controlled person. Maybe the shaking is trying to shake out of that constriction and loosen you up.

Maybe it is letting you express more what you're feeling and letting you be freer in how you move and how you express yourself, less controlled. That would be one example.

Whenever you do, you will also hit what we call "edges". Edges are like limiting beliefs. We all have edges.

Surrounding our identities we all have these limiting beliefs –

- *This is who I am.*
- *I can't do this.*
- *I can't do that.*
- *I can' be this way.*
- *I can't be that way.*
- *I believe in this.*
- *I don't believe in that.*

We reach these edges and we work with those limiting beliefs that keep us constricted in various ways.

> Would you work with the limiting beliefs using the body or talking? How does that work exactly?

There are many ways. We try to find what is right for each person. We view people as "Process." A process is always changing, moving and unfolding.

It is like a river. So, it's kind of like following the current of a river. The rivers current can take you to different places.

- *Sometimes it takes you into working with movement.*
- *Sometimes it takes you into working with dreams.*
- *Sometimes it takes you into working with visualizing things or doing artwork.*

- *Sometime it takes you into role playing – how to express this in your life with various people.*

There are a lot of different methods that we use. Sometimes we just sit and talk about what's going on.

> It sounds like you're really following the person rather than having any kind of standard protocol that you use that is applied to the situation. Is that right?

That's right. There is no standard program that we follow. We attend very carefully to the signals, the symptoms, what's being expressed and experienced at each moment. Everything that's being experienced and the smallest little communication signals are meaningful. We try to attend to those and follow those and see where they lead us on this river.

> How might people with Parkinsons be helped if they do Process Work? Is it going to be connected somehow with being able to get some relief from their symptoms and feeling better?

Often time yes. I can't make any overall guarantees with a major chronic symptom that Process Work alone will cure you, of course. But in *conjunction with other treatments you're having, the biggest thing is that you will discover more about yourself and your purpose in your life and what's trying to happen in your life.*

As you do that you become more whole as a person. As you become more whole as a person you also often find relief from symptoms. You often find that symptoms are getting better.

There is a passage I would like to read from The Quantum Mind and Healing. This is what Arnold Mindell calls the "Rainbow Medicine Doctor" He's talking about doctors of the future; he's imagining what a doctor in the future would be like if it were a Rainbow Doctor practicing Rainbow Medicine. So this would be medicine that works in all these different levels.

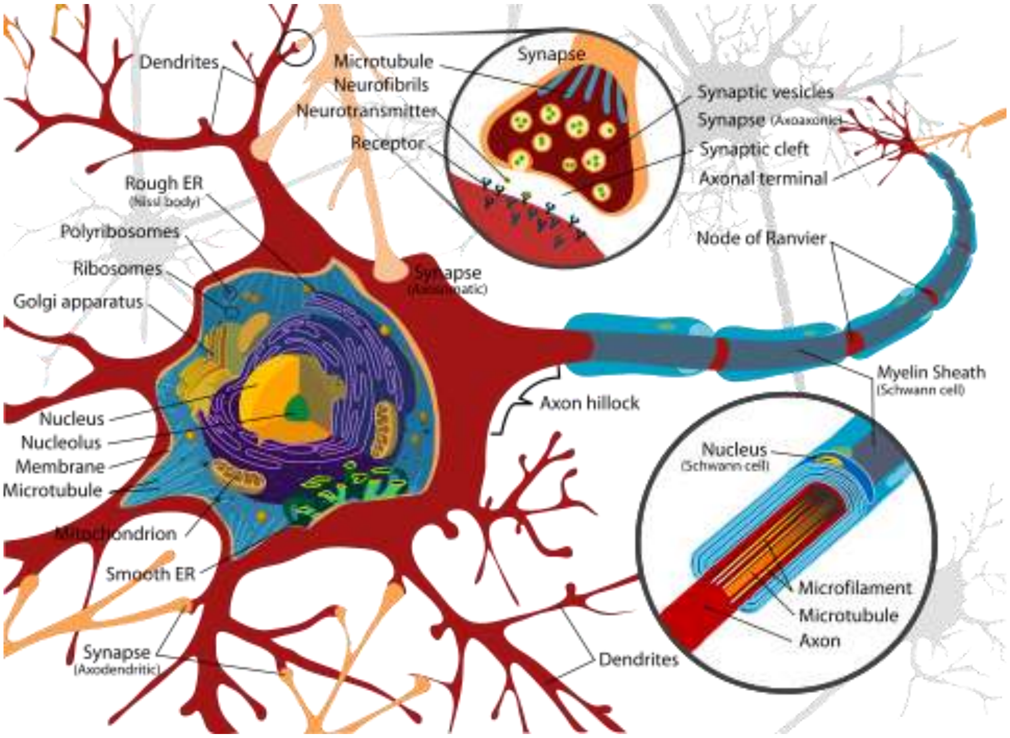
Arnold Mindell writes,

> *"By redefining medicine, doctors will become awareness specialists. Imagine a future Rainbow Doctor who is able to work with a consensus reality body and the dreaming body as well. She is a person you visit to help you with your health problems and dreaming. Empowering your belief in yourself, she says,*

> *"My dear friend, your most difficult symptom is fascinating. You say you have aches and pressures in your body and are always*

fatigued. Well we will explore these problems and listen to your body."

"Perhaps these symptoms are posing a question to you, a koan like a Zen Master. Your body has posed a question to you about life in the form of a symptom. How should we find the answer to this koan?"



"At present, the nature of this symptom is not completely understood by our standard medicine. We will investigate it in the allopathic tradition but we need to get beyond what we know with our minds. This may be the moment you have been secretly waiting for, the challenge to contact your deepest nature. In a way your symptoms may lead to some form of enlightenment. "

"If this is your first such Rainbow Doctor you've met at this point you may be so shocked that you would leave her office. But then as times

and cultures change and Rainbow Medicine practice becomes more common, you might find you no longer need to choose between science and mystical tradition, between allopathic and alternative medicine… all paradigms will be considered in your doctors or awareness specialists' office."

"The concepts of health and the pathology of illness are still in this office but they have become one-color medicine options and relate to the everyday you of consensus reality who wants to live to a ripe old age. In Rainbow Medicine, you are neither ill nor well, young or old but simply on a path of whose intent you are not yet conscious."

"Perhaps your doctor will say next that your symptoms of fatigue and persistent aches and chest pressure are the beginning of a dance. That your body's dances express whatever is in your chest creating that pressure. You insist that you don't dance well, especially not in front of anyone, however, she tells you to relax and shows you what she means by letting her hands express something that looks to you like a puppet creating pressure by pushing something away. She suggests following the slightest impulses in your body."

"Before you know it your body has stood you on your feet and you are dancing. You feel like you have become a great giant banging on the confining walls of his dwelling wanting to get out.

"Let me out! Let me out!" …

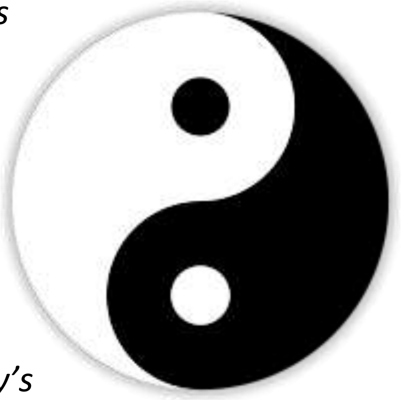
“Why?' and you answer without knowing why.”

"Let me out! I am too big to be cooped up in this chest! I am not tired, I am exploding with energy and I’ve got a big job to do”.

"What a surprise! Before your dance you thought you were fatigued. Now you feel energized. A few minutes later you discover what your job is. You want to change something specific in yourself or others around you. Or perhaps, the giant wants to do something you thought was delusional, like changing your city."

"In any case you go home feeling better and take up the challenge. You no longer need some form of medication to support or to retard that giant. Better yet, you feel enriched by that awareness your symptoms brought you and you feel better, with or without your allopathic medicine and even if the symptoms reappear."

"My point is that Rainbow medicine includes allopathic ideas of disease and illness, fatigue and pressure, health and material causation alongside shamanistic ideas - spirit in symptoms, subtle energy concepts such as vital flow, chi, prana, life force and all the other terms healers across the centuries have used to describe the body’s experience."



> *"Rainbow medicine affirms modern science and develops a connection between homeopathy and anthropological medicine and osteopathic and chiropractic traditions that appreciate the multi-dimensionality of individual experience. It is not a matter of this but not that. It is a principal of this AND that."*

So, right now there are not too many Rainbow Doctors that can practice allopathic medicine and do Process Work at the same time. I know one or two people who do that a little bit.

I think the idea is, you can see your regular doctor or your alternative doctor and work on those levels. And you can also see a Process Worker and work on the dreaming aspects of your symptom and that will also help you to feel better in many respects because you feel more whole as a person.

Do you have some website of books that you would recommend people could search to get more information about Process Work?

I would recommend going to www.processwork.org which is the Process Work Institute of Portland. That's one of the main training programs in the world for Process Work. It's where Arnold Mindell teaches.

Also www.aamindell.net which is Arnold and Amy Mendel's' website. Those are good places to go.

At www.processwork.org you can find Process Workers in various parts of the world who you can work with. Most Process Workers would be happy to work with you by phone as well if there is not somebody in your local area.

I myself would be happy to work with anybody. I live in Olympia, Washington and my phone number is (360) 867-1877 and I work by phone as well. My email address is finwizard@earthlink.net.

How many Process Work psychologists are there in the United States? Are we talking just hundreds or are there thousands? What is the chance that someone would be able to find someone in their local area?

I'm not sure exactly how many there are in the United States at this point. There's probably less than a hundred. I'm not sure exactly, somewhere in there. Some areas have a lot. Oregon has quite a few because Process Work is there. California has some. Then there are a few scattered around on the east coast, Midwest, southwest and various other places. But like I said, most people are happy to work with you by phone.

Is there anything else you'd like to recommend to persons that have the symptoms of Parkinsons? Anything that would help them feel better or get relief of their symptoms?

From a Process Work point of view, I would say this. Instead of always trying to repress the symptom - experiment. Amplify the tremor or whatever your most disturbing symptoms are with just making them bigger and feeling what they are expressing.

Maybe you could dance it some; of if you're sitting in a chair you could move various ways to express it. You could draw it. And just feel – If this had a message for me, what is it telling me?

You might also see correlation's with what you dream about. Maybe there is some creature or being or person that expresses that same quality of energy. It's giving you a message and the more you get in touch with that message, the more whole you begin to feel, the healthier you begin to *feel.*

Is it possible that if a person begins to exaggerate their feelings bad feelings will come up?

It's possible if something too overwhelming comes up. Say you have a lot of trauma in the background that starts to come up. It's good to seek professional help with that. That is what I would recommend. If you could find a Process Worker, even over the phone, to talk to that would be good.

Also books I would recommend: Mindell has written a lot of books but two that are most focused on physical symptoms and illness are Working with the Dreaming Body and The Quantum Mind and Healing: How to Listen and Respond to your Body's Symptoms.

Arnold Mindell is the author of both of those?

Yes. Those would give you some understanding about how to work with symptoms.

Is there anything else you wanted to be sure and mention before we close this interview out?

I think we have just about covered everything that I thought about talking about.

Steven Fenwick Ph.D., LMHC is a Process Worker in private practice in Olympia, WA and also works part-time as a counselor for Kaiser Permanente. He completed a diploma in Process Work from the Process Work Institute of Portland in 1998 and that same year he completed a Ph.D. in Psychology from the Union Institute in Cincinnati, OH.

Steve has been a student of Arnold Mindell and Process Work since the early 80's. He has also taught several classes and workshops at the Process Work Institute in Portland, in Olympia and elsewhere. He is a Licensed Mental

Health Counselor in the State of Washington. Steve can be reached at mailto:fenwizard@earthlink.net or at 360-867-1877

History of Process Work

Process Work was founded by Arnold Mindell, then a Jungian analyst, in the late 1970s. It has its origin in Mindell's observation that nighttime dreams both mirrored and were mirrored in his clients' somatic experiences, particularly physical symptoms. He generalized the term "dreaming" to include any aspect of experience that, while possibly differing from consensus views of reality, was coherent with a person's dreams, fantasies, and somatic experience, as well as the unintentional but meaningful signals that form the background to interpersonal relationships.

Mendel's training in physics encouraged him to view the unconscious mind phenomenologically as well as symbolically, leading him to apply information theory concepts to the observation of his clients' behavior. In this light, the concept of the 'unconscious' expanded to include a whole range of unintentional verbal and non-verbal signals, on the one hand, and of perceptions, beliefs and ideas with which the individual does not identify, on the other.

In order to help his clients integrate these forms of unconscious material, Mindell expanded upon the Jungian techniques of "amplification" such as active imagination and dream interpretation, by adding methods for working directly with nonverbal, body-level experience.

Building upon patterns of awareness found in sources ranging from Taoism, Vajrayana and shamanism through modern physics, Mindell developed a framework for encouraging clients to identify with *unconscious experience through a process he called 'unfolding'. This unfolding process is a deconstruction of the client's named experiences that rely not only on verbal material and imagery but also on movement, deep somatic experience, interpersonal relationship, and social context.*

In the early 1980s together with his process work colleagues, Mindell began to apply the conceptual framework he had been using with individuals, couples and families, to facilitation of conflict resolution in large groups taking stock of group dynamics. He coined the term "Worldwork" to describe this new discipline.

In the late 1990s Mindell turned once again to his earlier interest in physics and began to explore a framework for understanding the common root of human experience that gives rise to psychology, on the one hand, and quantum and relativistic physics on the other.

Core ideas

Although Process Work has been applied both to therapeutic situations and to others, such as conflict resolution, that are not generally considered therapeutic, the core ideas of Process Work can be understood most clearly from a psychotherapeutic perspective.

Process Work emphasizes awareness – the client's and the therapist's – rather than any specific set of interventions. The "process" in Process Work originally took its name from several sources. One was Jung's concept of the individuation process – the process by which a psychotherapeutic client integrates contents of the unconscious that are presented to him or her through modalities of dream, imagination, fantasy, trance, serendipity and synchronicity, etc. Another came from physics, particularly David Bohm's formulation of the flux behind all events. Yet another comes from the therapist's observation of the ebb *and flow of signals and communications between therapist and client (refer* Virginia Satir*).*

Experience is found to be of two kinds: that with which the client identifies, and that which is experienced as "other" or alien to the client. Experiences with which the client identifies are called "primary process", to emphasize their place in the foreground of awareness. Experiences which the client marginalizes as "other" are called "secondary process", to emphasize their place in the background of awareness. Furthermore, when a client is encouraged to embrace or identify with a secondary process experience, he or she is generally reluctant or even unable to do so, as though a boundary separates the primary from the secondary processes. This boundary is called the "edge". It is, quite literally, the edge of the person's identity.

Process Work seeks to identify the client's primary and secondary processes, as well as the edges that separate them. It then facilitates the enrichment of the client's identity by amplifying and unfolding the secondary process experiences until they make sense – on both a cognitive and somatic level – and become part of the client's experiential world.

Levels of experience

Viewing experience on the primary-secondary axis tends to emphasize the polarities in the client's experience, rather than its unity. On this level, which Process Work refers to as "dreaming", secondary process experience intrudes into the client's primary process, threatening its integrity and appearing as "problems" that need to be solved.

Closer examination of a client's world of experience reveals a deeper, pre-verbal, pre-conceptual level that unifies experiences that conflict on the *dreaming level. This level of experience has been referred to by Arnold Mindell as the level of "sentient essence". Working with sentient essences can be very helpful to clients who have struggled with strongly polarized dreaming processes over many years who have managed to resolve their polarities on a practical level but still feel divisions and tensions in their worlds of experience.*

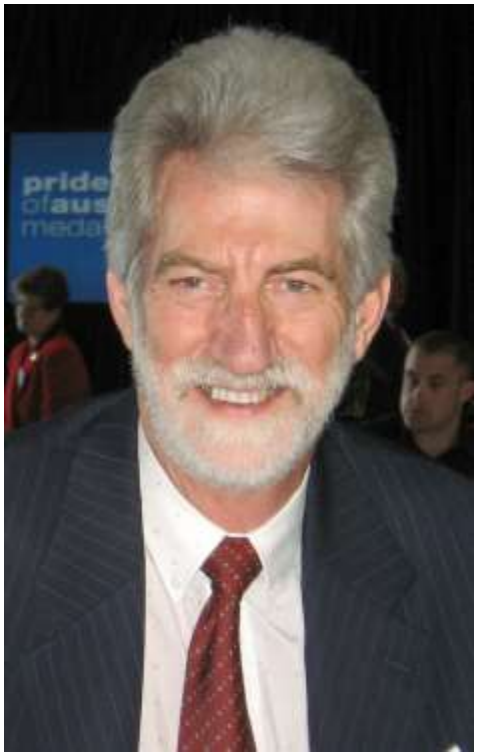
Global Process Institute

GPI is an International Consortium of Process Oriented Conflict Facilitators, Peacebuilders, and Trauma Healers.

Training Organizations

Process Work Institute
Research Society for Process Oriented Psychology, Zurich
Process Work Australia
Research Society for Process Oriented Psychology in the United Kingdom
Process Work Greece
Processwork Academy in Poland
Academy of Process Oriented Psychology (Poland)
Process Oriented Psychology site in Poland
Pacific Institute Europe
European Processwork Forum
Research Society for Process Oriented Psychology in Poland
Institute of Processoriented Psychology in Slovakia
Japan Process Work Center

Information Overviews were taken from Wikipedia.



John Coleman, ND , Naturopath

It is my pleasure to interview John Coleman, a naturopath doctor from Melbourne, Australia, who was diagnosed with Parkinson's in 1995 but has no symptoms today. Please tell us about your history with Parkinson's John.

In retrospect I can tell you that I had a long journey developing symptoms. I actually can recognize some of my symptoms from my mid teens. This was particularly true of my twenties when I started to develop an intermittent tremor and I had a lot of trouble with stiffness in my hip and back and neck. I tended to ignore these symptoms as you do when we are young. I went to a chiropractor occasionally but, most of the time I just told my body what I wanted it to do. I tended to be a busy, high achiever type person, worked two or three jobs at a time, brought up a family, renovated a house all at the same time, but I had a number of very stressful times in my

life and I know that symptoms tended to escalate.

For instance, my older son's illness and subsequent death in 1983. Separation of my first marriage. I was unemployed for some time. During these periods I knew that my body was rebelling but did not want to take any notice of physical symptoms. I was a cigarette smoker for 43 years. That may make me seem very old, but I actually started when I was 9 years old.

One of the things in my background is a very abusive childhood. I tried to commit suicide when I was 9 and failed, so I started smoking and that helped build a smokescreen.

We know that nicotine disguises the onset of Parkinson's. It makes it appear we are actually less symptomatic than we are.

When I stopped smoking in 1995, and my body lost that nicotine support, my symptoms started to escalate more quickly until in the middle of 1995 when I collapsed. It was just impossible for me to ignore my body any longer.

So you were in pretty bad shape in 1995 in terms of symptoms?

John: Yes I was. I was in a state of total meltdown.

I was unable to walk more than 3-5 meters.

I needed support when walking.

I fell often.

I had very, very severe tremor.

I was not sleeping.

I was in a lot of pain.

My face was frozen.

I was dribbling from my mouth uncontrollably.

I was incontinent and constipated.

It was difficult for me to get up from a chair.

I froze. I would be walking and try and turn a corner and I couldn't. I would just freeze on the spot.
There were a lot of very bad things happening to me which I realize, thinking back, had been coming on a long time but I had ignored them.

How did you come to the realization you could get better when all indications were that you would get worse?

I didn't know. I had no indication that I could get better. What I knew was that I had to make each day better than the last because I couldn't survive the way I was. I set about achieving something every day.

Survival was a good thing each day. Because frankly Robert, I thought I was dying, as did many people around me. I knew it was my responsibility to make a choice to fade away or to make each day better. No one else could do it for me and there was no one else around who was willing to do it for me. I just survived each day and did the best I could.

I kept journals. Over a long period of time I started to see, reading my journals, that I was actually making improvements in my health. That gave me some hope to make each day a bit better than the last

There is so much information out there about what is supposed to help – vitamins, supplements, body therapies, etc. etc. How did you go about deciding what to try in terms of therapies, supplements, doctors, etc.?

Trial and error and mainly error. I was becoming aware of how my body responded to various remedies and therapies. I had a history with chiropractors and osteopaths, so I was aware of that sort of response.

So what I did was try one thing at a time. Make one change and observe what happened. Then I changed another thing.

I was also studying naturopathy so that I was aware of the complementary health theory of dealing with degeneration, so I tried things like Vitamin CError! Bookmark not defined., Vitamin E, coenzyme Q10, picnoginal, etc and gave myself a time frame with each one. So I would try it for a period of time and make some observations. If you like I was a research population of one for myself.

I was working for a major hospital at the time here in Melbourne, as an operating theatre technician, so I had access to the hospital medical library. I did an enormous amount of research there with the cooperation of the hospital staff who were very kind to me. I examined hundreds of abstracts and full studies, trying to find anything that would say to me "this will help." I just kept on trying and trying and trying until I found some things that helped me improve my health.

It sounds like the approach really was to be methodical and sequential so that you would try one approach and see what the effect was and then move on to something else rather than trying a group of therapies all at the same time?

John: Ideally yes. I wasn't always logical and sometimes jumped from one thing to another. One of the things in my favor, though it did not seem so at the time, was that I was pretty much broke. It quickly became apparent that I had to sell my little house that I owned just to pay for therapies. I wasn't earning much money. I just had to try one thing at a time, generally because that was all that I could afford, and that was a good thing.

Which therapies/approaches did not work for you?

There were a lot. In general, any form of bodywork that was firm or hard - so deep tissue massage, sports massage – those sorts of massages created extra pain. Vigorous therapies like chiropractic and other manipulative therapies also tended to increase my symptoms and create pain.

Excessive intake of nutritional supplements tended to have no effect or make me nauseous or simply be a waste of money. I had to be very careful about homeopathic remedies because the normal approach in selecting potencies and frequencies seemed to aggravate me where a very gentle, a very cautious approached worked.

Many counseling modalities helped. Psychiatry did not. I am sure there are good psychiatrists out there, but I saw four and none of them helped me at all.

Antidepressant therapy did not work. I choose not to take pharmaceuticals, but other forms of herbal, vitamin homeopathic remedies for depression, but I realized I actually was not depressed. I was certainly anxious, but the antidepressant therapies were just no good for me. I needed to be active and proactive in my approach.

In general, anything that was too hard, too vigorous, too enthusiastic didn't work, and gentle, cautious, loving therapies worked.

What has helped you get the most relief from your own symptoms?

This is very hard to define individually. It is really a whole package. What I did was focus on improving my health in every possible way: physically, emotionally, mentally and spiritually. I intuitively knew this whole package approach was the only way I was going to get out of the hell hole I was in at the time.

I knew it was up to me to change and I had to change virtually everything and make every aspect of my life better. As I did that, the symptoms faded.

I did not focus on symptoms. I looked at what was in my life that needed to be changed, and worked with that. Then the symptoms slowly disappeared.

Are you cured?

No. I do not believe in cure and no I am not cured. But I have recovered my health. That is a very different thing. I have chosen to lead a life that is healthy and loving. The reward for that is that my body displays good health.

As a naturopath, do you cure people with Parkinson's?

No. I do not cure anybody of anything. Nobody can cure Parkinson's disease, and I certainly can't.

However, I can use my experience and research, and the research from elsewhere around the world, to guide other people diagnosed with Parkinson's into a healthier lifestyle that, if they are dedicated to that process, may enable them to recover their health, and will certainly improve their health and their quality of life.

What does your neurologist say about your own remission?

The professor of neurology who saw me in 1995 and 1996 apologized for his treatment of me some five years after my recovery. Then, after he retired from practice, I approached him to speak at a meeting of the Neuro Recovery Foundation. He called back to congratulate me on my health and on the work I was doing, but chose not to speak and has chosen not to speak publicly about my experience or my recovery.

Do you personally still do all the things you talk about in your book, Stop Parkin' and Start Livin' (Bowen therapy, Aquas, diet, meditation, supplements, etc.)

I do most of them. We have to recognize that Stop Parkin' and Start Livin' was written for people who are in the throes of Parkinson's disease. I now have no symptoms yet I still choose to do most of the things.

I meditate daily. I start my day with meditation.

I exercise daily.

I use affirmations and mirror-talk to assure myself of my power and beauty.

My wife Nichol and I spend a lot of time laughing, and I look for humor in what I do and in my daily life.

We eat a very healthy diet outlined in the book; that is no wheat, no dairy, high intake of vegetables, some fish, avocado – those sorts of foods – good protein intake.

I still take the Aquas but only twice a week. I feel that is enough for what I require in my healthy state.

I take some basic nutritional supplements to make up for deficiencies in our food supply.

I choose to live a life that has times for rest and reflection, time for me to spend in the garden, time for me to just sit and be.

So yes, I do most of the things in Stop Parkin' and Start Livin' because I choose to be healthy.

Could you say a little more about the Aquas? Many people will not know what you are talking about.

The Aquas, that is the short name for Aqua Hydration Formulas, are homeopathic complex formulas developed in Australia in the 90's. These are remedies that change the way our hypothalamus (a control center in our brain) responds to our environment. This change helps us reduce the production of stress hormones and increase production of neurotransmitters, like dopamine, through the redistribution of fluids around the cell membrane. They are powerful homeopathic remedies that I feel is one of the core therapies for recovery and good health.

What would happen if you stopped doing all these things you talk about in your book? Does a point in time come when you can just stop doing all this stuff?

Every day we have a choice to make. We can choose to live a life that is healthy or a life that is unhealthy. This is the case whether we're diagnosed with some form of disorder or not. We still have that choice.

I choose to live a life that will enhance my health. If I made a different choice – if I made choices such as I made prior to my collapse – working long silly hours, allowing myself to be stressed out, eating bad food, drinking too much coffee, focusing on negatives – then I would get sick.

I don't know what particular form that particular illness would take – whether I would develop symptoms of Parkinson's again, whether I would develop something like a cancer or Crohn's disease or diabetes – I do not know. But I am certain that I would get sick.

Occasionally I forget about being healthy. I dedicate myself to my clients. I work longer hours than I should and perhaps I don't exercise as much, or I eat on the run. Then my body reacts by saying slow down. I'll get a headache. I'll feel really tired. Maybe I'll feel unwell and that is a *reminder to me to make different choices, to spend a little time out. Meditate. Walk. Eat some better food. Drink more water. Then I can feel my health returning.*

I have a choice every day, as we all do, to live healthy or live sick. I choose to live well.

What do you recommend for the following symptoms:

Pain. *Depending on the source and type of pain, helpful remedies may be magnesium powders, Bowen Therapy, homeopathic remedies, exercise, laughter, water and sleep. Pain is a very individual symptom. It can occur in many forms and in many areas of our body. We need to understand what the pain is, what type of pain it is, where it is located and what is causing it before getting too enthusiastic about a remedy. For instance, many people come to me and say they have constant headaches. Often all they have to do is increase their water intake from zero to three or four glasses a day and the headache goes away.*

There are other sources of pain, other types of pain associated with neurological changes, and that requires working with our total health until the pain goes away as a natural consequence of becoming healthier. It is not a specific answer. It is a very individual challenge.

Anxiety *usually occurs because there is something for us to be worried about and we are not sure how to deal with it. Some remedies that can help this sort of situation are flower essences, a homeopathic remedy called Trauma/Post Trauma that is made in*

Australia and available readily, some herbal remedies, and some nutritional supplements can help.

Often we can reduce or eliminate the anxiety through self-help like, for example, meditation or visualization - playing a situation that makes us anxious with a positive outcome. Or, we may require some help from counselors or kinesiologists or some body workers. Anxiety always has a reason and we need to find the reason to deal with it.

Inability to sleep*.* *Now this is a difficult challenge for those of us with Parkinson's Disease symptoms. A poor sleep pattern can result from pain, restlessness, a neurotransmitter imbalance between serotonin and melatonin, adrenal stimulation, lack of exercise or lack of fresh air. It seems weird sometimes because we can – in fact we often do – feel really tired to the point of exhaustion. Yet we go to bed and cannot go to sleep or, if we go to sleep we wake frequently.*

Some of the things that can help are meditation before bed – say 10 minutes; there are some really good CD's to help that if we need that; some of them can be played softly in the bedroom or some can be listened to through stereo headphones.

Magnesium powder taken after dinner sometimes helps settle restlessness so that we go to sleep easier. Homeopathic magnesium phosphate or some other homeopathic remedies like coffea or chamomilla can help you sleep. Herbal mixtures like Passionflower, Hops, Jamaica Dogwood can help. One of the important aspects of this is to not become *worried or anxious about the lack of sleep because that then sets up a negative feedback pattern. Our sleep pattern becomes even worse.*

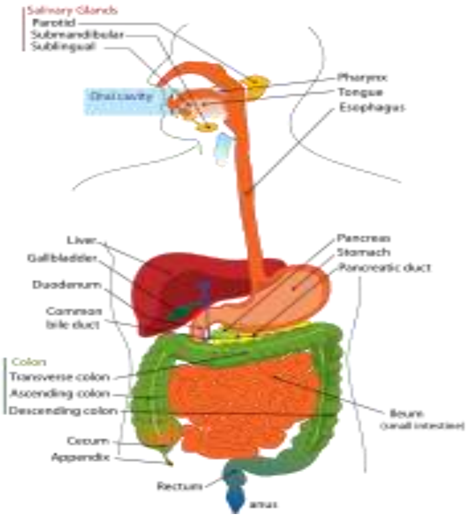
We need to move around during the day as much as we can, particularly if we can get outside, that is good. Keep physically active. We need to get as much fresh air as we can. Make sure we do some stretches before bed to relax our muscles. Often we will sit all evening and then get up and go to bed. Our muscles have gotten quite tight and short so we can't get comfortable. If we do some stretching, some Pilates stretching, or yoga stretching or simple stretching before bed, that will often help our muscles relax better.

It is also really important not to just turn off the television and go to bed. Television stimulates bursts of neurotransmitters in our brain that sets up sort of a chattery situation. If we just switch off the television and go to bed our mind is still chattery. It is important to have 10 minutes or so of quiet time, after we have switched off the television, before we go to bed and go to sleep.

Depression. *Most depression is misdiagnosed in my opinion. I feel that most people with Parkinson's disease are not truly depressed but are anxious about their health and all the negative rubbish they have been told by the doctors and their relatives and their well-*

meaning friends.

I have found that this state of anxiety responds well to activity, that is regular exercise, yoga, Pilates, Tai Chi, gardening – just getting out there. Other helpful remedies are flower essences and meditation, especially meditating with affirmations and visualizations.



It's also really important to repair our gastrointestinal tract. A lot of depressivefeelings and so-called diagnosed depression result from very poor digestion. If we have poor nutrition, we can't produce the amino acids and the neurotransmitters we need to feel good. Repairing our gastrointestinal tract and eating a really good diet will certainly alleviate depression.

Constipation. *Constipation is very important. This can also have something to do depressive feelings. However in situations like people with Parkinson's, a lot of constipation is created by bowel dehydration. First we need to drink enough water, which is about 1.5 liters or three pints of water daily. Then we can use supplements like Vitamin C and magnesium in powder form, because they will help guide water into the stool and soften it and help us to pass it better. The magnesium encourages peristalsis movement; that is the pulsation of the gut that moves the stool through.*

Now if that doesn't work, a naturopath or herbalist could prescribe some nice liquid herbs that will often help. Sometimes that is all that is needed. Sometimes often just drop doses or 3 milliliters of herbal *remedies. If necessary, small amounts of fruit laxatives you can get from the health food sections of supermarkets or local health food stores. We have a laxative called Nulax in Australia which is simply compressed fruit. That can help although I wouldn't become reliant on that.*

Exercise is very important; exercise like walking, cycling, crawling - all help to move the stool along and get peristalsis working again. There are some specific Bowen therapy moves that can help. I know there are some yoga that are intended to move fecal matter. From experience I know that some of the Pilates and exercises will also help bowel function.

Tremors. *I actually do not worry about tremors. I know a lot of people do. But I believe that tremors are just a superficial symptom indicating our body is uncomfortable. Now I am certain that anyone aware of their body responses notices that when they are calm and peaceful, the tremor reduces or perhaps goes away entirely. When they are anxious or stressed, the tremor gets worse. This is showing us the fluctuating production of stress hormones from the adrenal glands and the production of dopamine, serotonin and anandamide and so forth, which influence our tremor.*

Meditation will certainly help. Laughter will help. Regular exercise will help. All reduce our tendency to tremor. Bowen therapy can help us too. Again improving our general health will reduce our tendency to tremor.

My major advice is don't worry about your tremor. Get well. Then the tremor will disappear.

When I talk about Parkinson's at Parkinson's support groups I always talk about your recovery. At one of my recent talks a man said to me "He never had Parkinson's to begin with. No one recovers from Parkinson's." Is it possible this man is right and you were actually misdiagnosed in 1995?

To answer that question fully I need to explain what Parkinson's disease is and also how it is diagnosed. Then we can understand it.

Parkinson's is a collection of symptoms first described by James Parkinson 1817, and then expanded by researchers over the following 190 years.

While we tend to focus on well-known symptoms like the tremor, slow movements or the mask-like face, there are many other symptoms that result in a diagnosis of Parkinson's disease. It is interesting that only about 60% of those diagnosed have a tremor.

We are diagnosed with Parkinson's disease if we display an accepted group of symptoms that seem to be Parkinson's, the onset of those symptoms is reasonably slow and unilateral, and there is no other explanation for those symptoms.

In 1995 I displayed all the major symptoms of Parkinson's plus many minor symptoms identified as part of this disorder. My symptoms included tremor with pill rolling (that is a very significant hallmark of Parkinson's tremor), I had a masked face, a festinating walk, slow movements, freezing; and the symptoms came on unilaterally prior to spreading to the other side of my body, but they were still more prominent on my right side. They had come on over a long period of time *as I explained. All of these, with many other symptoms, pointed to Parkinson's.*

A number of examinations followed that. A physician at my hospital gave me a very thorough workup that included coordination tests, speech tests, hearing, reflexes and so on. He recognized Parkinson's and referred me to a Professor of Neurology. The Professor took five months and a number of visits before he was willing to give me a good examination.

In the meantime I had an MRI scan that showed I had no stroke, no tumor, no MS, no ALS, or any other explanation for the symptoms that we could discern. I was tested for [Wilson's disease](#) and in my history there was no contact with any chemicals or drugs that could create all these symptoms of Parkinson's.

During the five months of my visits to the Professor of Neurology, I visited a neurosurgeon who I thought may be able to help me. He gave me a very thorough examination, checked my MRI, checked my history, did all the neuro tests of coordination, etc. and in the end said "you have Parkinson's" unequivocally. He had worked with me in operating theaters for 2 years and he knew me pretty well. We had quite a respect for each other. He understood I was a pretty feet-on-the-ground sort of guy and that this was a real disorder and all of his examinations said Parkinson's.

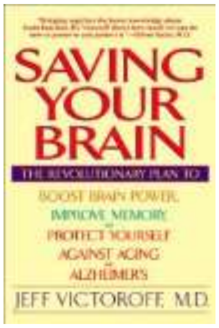
Later on – five months after my first visit – I went back to the Professor of Neurology who then examined me thoroughly, checked my history *again, checked the MRI again, and said "oh, yes. I think it is advanced Parkinson's with early stage multiple system atrophy."*

Now that is as good as it gets with diagnosis. There is no specific test or biopsy that can say we have Parkinson's disease. A diagnosis is always the best guess the doctors can make given the circumstances.

So for instance, there is no hard proof that Michael J. Fox has Parkinson's disease, or Muhammad Ali or anybody at the Parkinson's support groups that you visit. The process for diagnosis for them is the same as it was for me, ending in an educated guess that we have this set of symptoms that we choose to call Parkinson's Disease.

Doctors use two other diagnostic criteria that are actually self-serving. Your gentleman at your support group used one of those criteria. The first is a good response to [Levodopa] drugs. However, not everyone diagnosed with Parkinson's has a good response to Levodopa drugs and yet they are still diagnosed with Parkinson's Disease. Sometimes – in fact in many cases - doctors will not prescribe Levodopa drugs and yet still diagnose Parkinson's Disease. The interesting thing is that, if we take Parkinson's drugs long enough, we will develop the symptoms of Parkinson's anyway because that is what the drugs do.

The other criteria they use is a failure to get well and continued degeneration. Now that is very self-serving because that means, if somebody gets well, all they need to do is say they must have been misdiagnosed. It was not that many years ago when doctors were saying that about people who recovered from so called incurable cancer. Yet, they continued to recover. Now oncologists understand people can *genuinely have what may be thought to be incurable cancer and yet, through their own efforts, become well.*



We now know from a huge amount of research, that is not just mine – but research by [Jeff Victoroff](), [Gabor Mate](), [Norman Doidge](), that people can – by understanding the process of Parkinson's - can make changes that will reverse this process.

The short answer is no; I am certain that the diagnosis was correct, and I am certain that I have recovered.

What is the most important thing you want people to know who have Parkinson's?

I want to say to everyone diagnosed with Parkinson's it's your life, your body and your symptoms. Take control and change things. You can choose to live a healthier life. When you do, your body will become healthier.

Don't listen to anyone who says you can't. In fact, delete "can't" from your vocabulary. You CAN change if you choose to, and healthy changes will make you healthier.

What was recovery like for you? Once you started on the road to recovery doing all the things that do help relieve symptoms did you get a little bit better every day? Or are there blocks of time - 1 day, 1 week, 1 month, several months - when you actually feel worse?

For me it was a staggering, stumbling time of recovery and discovery, loss, joyfulness, anxiety, despair and sometimes hopelessness. I would start one thing that would seem to help, then I would find it didn't help. Or, I would try something else that would set me back.

I seemed to make slow, fluctuating but OK progress through 1996. Then I had a huge setback. I had back spasms. I was thrown into just incredible despair. I clawed my way out of that and made very fluctuating progress through to the middle of 1997. By that time I was able to speak reasonably coherently and walked reasonably well… didn't fall too often.

In the middle of 1997 again I had a really huge setback that sent me into black despair. I really contemplated ending it all at that stage. I eventually discovered the Aquas / Bowen therapy combination and I found that supported all the other things I was doing like my daily meditation, the counseling that was happening, the self affirmations, my stretching and so on. That gave me real hope.

And remember, I also kept journals right through the time. Intuitively I started keeping a journal within a couple of weeks of my collapse. I think, initially, because I wanted my son to have some sort of record of this part of my life. When I read back on my journals, I could see that, no matter how stumbling and uncertain it seemed, I actually was making some progress toward better health.

What about your patients… what has their experience been like?

I have to say it has been a bit easier for them because I made a lot of the mistakes for them. I was my own guinea pig.

Their health fluctuates a lot because we are very much influenced by what is happening around us in every aspect of our lives. Life is not a straight line or straight path. Any changes in how we live will have ups and downs and uncertainties. They affect our symptom expression.

Some of my patients have had times of fantastic progress with letdowns, and struggled back up. Some have had more gentle fluctuations. But, the easier path for them I guess is that they can call me and they have each other. Some patients are setting up networks. They can talk with each other and support each other through progress toward better health.

Among your patients with Parkinson's, how many are getting relief from their symptoms? How many have been able to see full relief from their symptoms?

The last detailed survey we did was in 2004, mainly because it takes a lot of time and money to do these detailed surveys. That data from 2004 shows that just under 95% of patients were benefiting from the flexible protocol that I advise. This varied from getting slightly better (around 10%) to getting much better (around 80%). Many of those people were able to reduce the western medication or, in a couple of cases, cease medication altogether, and had more robust health.

Only four people other than myself have fully recovered to the extent that they have absolutely no symptoms. That is disappointing. However, we do tend to achieve the health we expect to achieve.

Many people believe that they can get only a bit better so that is what they do. And many people say to me, "If I don't get any worse I will be happy". So what happens is they tend to stay the same. They don't get any worse and they don't get any better because they is what they are expecting, that is what they are aiming for.

I am doing some research now which hopefully will enhance that. We are getting good results. I would like to see better.

Does a person have to make any lifestyle changes to recover?

Yes. Unequivocally yes. There is an old saying "if you always do what you have always done, you will always get what you've always got".

Our old lifestyle helped make us sick. We have to change our old lifestyle if we are going to get well. We have to change everything: the way we think; the way we live; the way we relate to the world and the people around us. Yes, we have to change.

It took you three and a half years to recover. That is a long time to sustain hope. How did you do it?

I didn't always have hope. Sometimes I got lost in the misery of my existence and I just wanted to end it.

I had a dream to finish my naturopathic studies before I died. That seems melodramatic but that was really me. I never finished any form of education in my life. I started some courses but through the lack of motivation or the lack of opportunity I had not been able to finish. I *desperately wanted to finish this one qualification even if it was the last thing I did.*

I kept clawing my way back to functional existence. My journals were very valuable in showing me that over three months or six months or 12 months I was actually showing a trend toward better health. That helped keep me going too.

Another point that was in my favor, although it didn't seem so at the time, was that I lived virtually alone. I actually shared a house with another person who lived up one end of the house. I lived at the other end and we had very little contact. So I was virtually living on my own. I had to do everything for myself.

If I was hungry I had to get the food. If I was dirty I had to wash. If I needed anything I had to get it for myself. That spurred me on to learning how to do it – redeveloping skills and redeveloping strength. Overtime I got to know that I could do something and I kept building on that. I have often said to people my recovery resulted from approximately equal parts of dedication, meditation, hydration and desperation.

Of the people you see initially, about what proportion is unwilling to make the lifestyle changes that are necessary to recover?

I think we have to face the fact that about 80% of the population do not want to take any responsibility for their health. They want a doctor or another practitioner to give them some form of medicine to take the symptoms away, and that is as far as they are willing to go.

Of those who make the effort – and it is a courageous effort to contact me – about 50% drop out pretty quickly because they are unwilling to change a lifetime of bad habits.

They even try to negotiate with me. They say

"Can I have just two coffees a day?"

"Is it OK if I have donuts with morning tea? It is Ok isn't it?"

"I cannot give up my cheese … anything else but I cannot give up my cheese."
They are prepared to take some drops, some Bowen therapy, exercise a bit, maybe tweak their diet a little bit, but they won't give up their most poisonous habits like coloring their hair, using nail polish, cleaning toilets with strong bleach, spraying their garden with herbicides or pesticides. They are not prepared to change that.

Some people face real opposition from their families; siblings, children, partners sometimes are not willing to support the changes required, so make it too hard for their loved one to recover. Sometimes it satisfies some sort of need for a family member.

Sometimes they are just selfish. For instance one of my patients had to stop seeing me because his wife insisted on buying new curtains for the lounge room and he couldn't afford both.

My reward is the small percentage of people who become dedicated to their health and I see them blossom in all aspects of their lives. I have patients who never need to see me again but they keep in contact just to say hi, I am still doing well. That is very rewarding.

Do you do individual consultations? How would this work for people who do not live in Australia? How do people get in touch with you?

Yes. I see people in my clinic in Melbourne. For those in other parts of Australia or other countries there are two options. Firstly, I have a fairly

new mentoring program via a web site that I call the 12 Step Recovery Program which offers weekly e-Classes to guide members through all the activities, remedies and therapies that can help them get well.

The other option is to contact me by email or telephone and we do what I call a mail consultation. I provide an extensive questionnaire for completion that I then assess and provide a guidebook with individual advice and prescriptions. It is a bit cumbersome but it has worked pretty well over the last 8 or 9 years before we began our mentoring program.

The easiest way for people to contact me outside of Australia is by my website www.returntostillness.com.au or e-mail me at pdfree@returntostillness.com.au or if they want to telephone it is: +613 9850 9048.

If people want to join your mentoring program is that something that lasts six months, a year, two years. Is it flexible? How does it work exactly?

It is flexible. It is designed to last a 12 month period with weekly lessons, so 52 classes. People can join up and drop out at any point they choose. I am hopeful that, once people are on the road to recovery, they will understand this is a progressive service and they can keep on going.

Now, once they have obtained the 52 eClasses, of course they have them for life so they can keep going back and referring to them without requiring any further payments. What we cover:

The causes and development of Parkinson's.

How the disorder affects our body, our cells and cell interaction

All the self-help strategies we talk about

Food: what helps us; what harms us

Remedies and Therapies

Managing medication

Relating to health care practitioners

Gaining support from family and friends

Exercise

And all those aspects of the journey

There is quite a bit of free content on the website. Anyone interested can go and get a good look – a bit of a taste – of what we offer before they sign up.

I want to emphasize that health is an individual responsibility. My way is not the only way to recover from Parkinson's or to be well. It happens to be one way that has been proven because several people have recovered and many are becoming well.

It is a very individual choice. I think every individual has to ask a lot of questions, do a lot of research. Yes, it is good to be skeptical, but in the end choose what resonates and feels right and dedicate yourself to the process of becoming well, and expressing innate joyfulness and beauty.

John, this has been a fascinating discussion. I want to thank you from the bottom of my heart for joining us today.

It has been a real pleasure Robert. I am so happy you are giving people the opportunity to get some of my experience and to perhaps look at their health in another way. I am here for the next few years to talk with anyone who wishes to contact me and I will help in any way I can

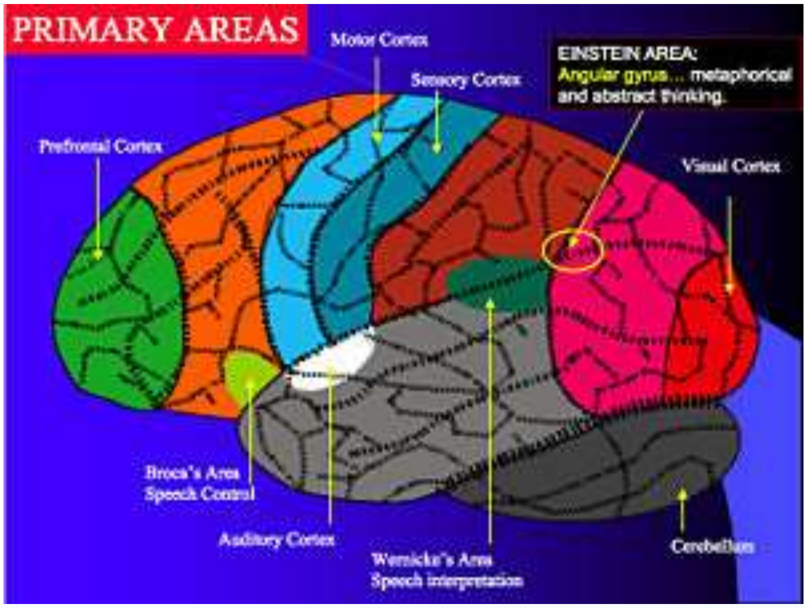
Norman Doidge

The Brain That Changes Itself: Stories of Personal Triumph from the frontiers of brain science *is a book on neuroplasticity by psychiatrist Norman Doidge M.D. It follows the lives of several medically injured patients and details just how the brain adapts to compensate for their disabilities. Doidge unearths the previous work of Paul Broca and Bach-y-Rita to show that the brain is adaptive and thus plastic.*

Doidge will coin the term "neurplastician" and "the plastic paradox" but is also quick to point out the good and the bad of the brain's plasticity:

"What we have learned .. is that neuroplasticity contributes to both the constrained and unconstrained aspects of our nature" and "it renders our brains not only more resourceful but also more vulnerable to outside influences."

Neuroplasticity



An important example of neuroplasticity is how we gain skills. Doidge presents an experiment performed by Pascual Leone where he mapped the brains of blind people learning to read Braille.

Braille reading is a motor activity, which involves scanning with a reading finger, and a sensory activity, which involves feeling the raised bumps. The brain maintains a representation of these sensory and motor aspects and they are located on the sensory and motor cortexes respectively.

The blind subjects practiced 2 hours a day, Monday through Friday, with an extra hour of homework. The mapping of their brains took place on Monday, after the weekend, and Friday, immediately after their week cram. What the scans ultimately showed is that the maps dramatically increased in size on Friday scans but returned to a "baseline" size on the following Monday.

It took 6 months for the baseline Monday map to gradually increase and by 10 months they plateaued. After the blind subjects took a two month break, *they were remapped, and their maps were unchanged from their last Monday mapping.*

What this shows is that long lasting changes as the result of skill learning took 10 months of repeated practice. The reason why short-term improvements were made based on the Friday mappings, but eventually disappeared, is the result of the type of neuronal connections that were taking place.

The Friday mappings were the result of the strengthening of existing neuronal connections. Monday mappings, though showing little progress initially and plateauing at 10 months, were the result of the creation of new neural connections.

A woman perpetually falling

Doidge begins his series of case studies with a woman named Cheryl who feels as if she's "perpetually falling." The fear inevitably leads her to falling on the floor and so overwhelms her thoughts that she can't think of anything else.

Doidge explains that the problem Cheryl is experiencing is a loss of balance, or a loss of Vestibular sense. The vestibular sense is maintained by hair cells in fluid canals. The ear contains three, each dedicated to different aspects of motion (horizontal, vertical, and forward and backward).

When the fluid's motion excites the hairs, an electrical signal is sent to the vestibular nuclei in the brain which will then alert the body's muscles. All of this is done unconsciously so we can maintain a sense of balance.

Cheryl's Cure

So how does Cheryl regain her sense of balance?

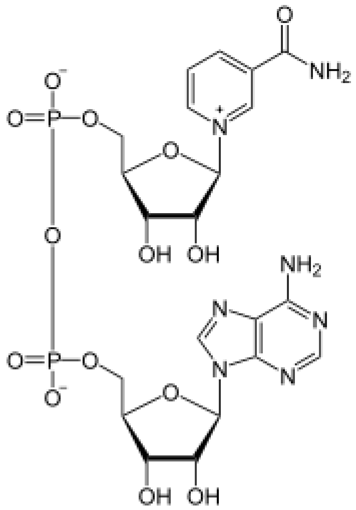
Cheryl regains her sense of balance by wearing an electrode hat with a thin strip for her tongue. The hat, like the ear's natural hair cell's, detects motion and "translates it" onto a computer map. The computer map is then sent to the tongue strip with 144 electrodes.

When Cheryl moves forward, a taste of champagne bubbles arrives at the front of the tongue. When Cheryl moves backward, the feeling moves toward the back. This process allows Cheryl to stand upright and maintain balance, even though the sensations are coming from her tongue.

When Cheryl removes the hat there is a "residual effect" - malfunctioning aspects of the vestibular tissue which were constantly sending signals are now quieted and the proper vestibular pathway is now reinforced. The hat also recruits other pathways, improving her vestibular sense.

Information in Appendix A was provided courtesy of Wikipedia

Do you have any information regarding the supplement NADH that is supposed to improve cognitive abilities? Does it interfere with Azilect (or Rasagiline)?



I looked at NADH some years ago because it certainly has good press. I could not find any really positive support with regard to treating Parkinson's Disease.

While there are a number of supplements on the market that theoretically should help, when it comes down to practice, they do not seem to. When we trialed NADH with a number of my clients over a six month period we found no advantage in taking it. So, that is number one.

Azilect is not a particularly nice drug to be taking anyway. It is an MAO-B inhibitor (we think). Nobody is actually sure. The warning I have here is "the precise mechanisms of action of Azilect (Rasagiline) are unknown". One mechanism is believed to be related to its MAOB inhibitory activity. We do not know how it works.

In practice I have found that MAOB inhibitors (if Rasagiline is one) are not particularly useful. The other thing we need to look at is adverse effects and whether they overwhelm or offset any positive effects we might see.

There is a warning with Azilect that treatment with any dose may be associated with a hypertensive crisis if a patient ingests Tyramine with *foods, beverages or dietary supplements or amines. Tyramine is present in many, many foods and we do not always know we are ingesting them.*

There is a potential for dying from taking Rasagiline. Tyramine foods include:

- *Dried aged and fermented meats*
- *Fish*
- *Sausages*
- *Salamis*

- *Herring*
- *Any food that is slightly spoiled*
- *Broad beans*

Aged cheeses

Dairy products

Tapped beers and beers that have not been pasteurized

Concentrated juice extracts and overripe fruit

Sauerkraut

Soy bean products

There are a lot of foods that we need to avoid if we are taking Rasagiline anyway.

There are a number of adverse effects including nausea, headache, dizziness, depression, falling, conjunctivitis, fever, neuritis, rhinitis, arthritis, malaise, general feeling of illness, neck pain, vertigo, etc. It is not a particularly nice drug. It does not do a lot of good. Whether NADH is going to react to it or not I am not sure but, in my opinion, neither of them is particularly useful.

I was diagnosed with Parkinson's three and a half years ago. Currently I have rigidity with muscle spasms and uncomfortable sensations. My legs are heavy and my body drags while walking. My arms do not swing as they once did. Movement in my neck is restricted and painful.

Throughout the day I feel rigidity, spasms and body sensations which are very disturbing.

I have subscribed to Dr. Coleman's 12 Step Recovery Program and now regularly take Aquas. I drink 8-10 glasses of water, do Bowen therapy and observe all possible dietary restrictions. But, still my neurological situation is aggregating.

How can I reduce or manage my rigidity, spasms and burning sensations? Please advise me.

We need to have a look at the timing and some other supplements. We know that Parkinson's or the symptoms of Parkinson's begin in early childhood. Without knowing how old the person is who asked this question, we can conjecture it has taken at least 50-60 years for this condition to develop. Therefore, it will take some time for this condition to reverse. That is number one.

You have taken some sensible steps in beginning the journey with the Aquas and changing your diet. We need to be assiduous with that.

It is not usual that we get an aggravation of symptoms. However, it is common that in the first two months or so of going on the 12 Step Recovery Program we do not actually stop development of what is already going on.

It is like stopping a large truck. When we put the brakes on it is still going to take 1,200 yards for the truck to actually pull up. So, you have started by putting the brakes on but it is taking a while for the symptoms to slow down and plateau.

However, there are some strategies we can look at. One is magnesium[8]*. Magnesium is a muscle relaxant and also a nerve relaxant. It is used for brain cell function. I have found that one of the best ways to take magnesium as a supplement is in powder form.*

I would suggest that (although I do not know your level of sensitivity) if you get some powdered magnesium and start with about a half level teaspoon in a glass of water morning and evening. This can also be part of your water intake.

Slowly increase that dosage of magnesium until you may reach around a teaspoon morning and evening. The level that you choose will depend on what sort of muscle response you get and also what sort of bowel response you get. Magnesium in powered form is very useful if there is any bowel restriction at all.

If that is not sufficient to alleviate the symptoms to some degree then we need to look at how well your Bowen therapist is treating you – not that I am criticizing in any way – but sometimes we can undertake other strategies as a Bowen therapist to relieve stiffness rigidity and that heavy feeling.

You could ask your Bowen therapist to contact me for discussion about a process called Tui Na (around the feet) which is a very ancient Chinese therapy that combines very well with Bowen therapy to help

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[8] ***The picture to the right depicts food sources of magnesium***

alleviate neuro symptoms.

We also need to look at your exercise regime also – I do not think you mentioned this in your question. If you are walking, great, but specific exercises that are in some yoga modalities or in Pilates can also be very beneficial in alleviating the symptoms of spasm and stiffness and heaviness. So, there are a whole lot of strategies we can look at. If you have ongoing challenges I would be happy to hear from you.

How many people have undertaken the same plan and what results have they gotten?

Over the last 10 years I have treated something in excess of 2000 people with Parkinsons, a large percentage of them are from Australia but many are overseas. The level of success has depended primarily on the level of dedication that is brought to the process.

Of those who are really dedicated four have completely recovered. That is, they no longer have any Parkinson's symptoms at all. Their general health has improved significantly and they no longer use any Parkinson's medications.

- *A very significant number have improved their symptoms.*
- *Their symptoms have reduced.*
- *They are more functional.*
- *They are more comfortable.*
- *They have reduced their levels of medication.*

A number have stayed about the same. Some have gone on and continued to degenerate.

The interesting thing is that, when I first interview people and/or get their questionnaires, I ask for their feelings about what they want to achieve and what their goals are. Many people say to me,

> *"If I do not get any worse, I will be happy."*

And so, that is what they get. They don't get any worse but they also do not get any better because their goal is fixed on staying the same.

Other people will say to me,

> *"I want to be like I was before I got Parkinsons."*

They focus on that and that is what they get. The people who made the goal of making each day better and enjoying life to the full every moment, and who embraced the knowledge that they can improve their health, have gone on to get well

I saw a woman - one of my clients – Wednesday morning Melbourne time. She was diagnosed with Parkinson's 17 years ago. She came to see me about 9 years ago.

- *She has plodded on.*
- *She has maintained her spirit of determination.*
- *Her family has been supportive.*
- *She has gone on working with the Aquas and Bowen and supplements and we have looked at diet and her mindset.*

This is also a lady who struggles with English, so there has been some social isolation or communication difficulties here. Her condition in the last 12 months has improved by over 50%. So, she has attained a breakthrough. She has been on a plateau for years and now -

- *She has turned it around.*
- *She is actually getting better.*
- *She is walking better.*
- *She is standing better.*
- *She has reduced her medication.*
- *She has less anxiety*
- *She has less depression.*
- *She is sleeping better*

This is the sort of dedication it takes. We need to be focused on the fact that

- *we can get well*
- *We can improve our health.*
- *It is our responsibility*

And it is a long-term project.

At what point of noticing Parkinsonian symptoms says you have Parkinson's disease?

> *This is a very interesting question, because many symptoms we associate with PD are also associated with other so called diseases. I would like to make the point here that I do not believe in separate diseases. In my view, and in the view of many scientists in the world now, there is a degenerative process in our body that*

may manifest as a whole variety of symptoms that could be diagnosed as:

- *Cardiovascular disease* or
- *Diabetes* or
- *Cancer* or
- *Multiple Sclerosis* or
- *Motor Neurone Disease* (*ALS*) or
- *Lupus* or
- *Parkinson's Disease*.

There are symptoms that are common to many of those. The most common symptoms for PD are tremor of a particular kind - tremor at rest with pill rolling action - that affects about 60% or so of people diagnosed with Parkinson's. There is:

- *Slowing of movement,*
- *Paucity of movement*
- *Mask like expression*
- *Often a dragging of one leg*
- *One arm stops swinging appropriately*
- *There is a criterion of unilateral onset, that is, the onset of symptoms on one side and slow onset.*

In the end there is no test or point when we can say definitely we have Parkinson's disease. What we can say is you have a set of symptoms that seem to be Parkinson's.

We have done an MRI scan.

We have undertaken coordination and functional testing.

We have done the questionnaire.

We have eliminated the possibility of Wilson's Disease of toxicity – such as lead or manganese or cadmium.

We have eliminated the possibility of head stroke or head injury.

We have determined you are not taking any drugs that cause the symptoms.

So, we have to assume that you have Parkinson's. That is as good as it gets as far as diagnosis is concerned.

When should we start taking medication?

I believe there is only one class of drugs that is useful for treating Parkinson's and that is the Levodopa drugs. They are really very useful. They have generally controllable adverse effects.

The COMT inhibitors, the MAO inhibitors, the dopamine all have pretty uncontrollable adverse effects. The Levodopa drugs have been proven to be useful functionally. The packaged inhibiter, like Carbidopa with Sinemet, assists in delivering the Levodopa to the brain optimally.

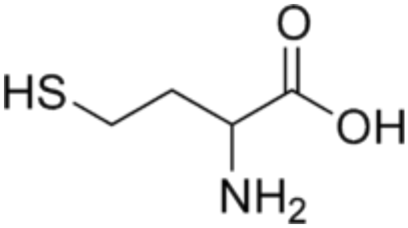
I believe we should only take medication if our lack of function is such that it has become too uncomfortable or dangerous to carry out our daily tasks. If we are working for income for instance, it may be that our current symptoms inhibit our activity to a degree that we can't give good value for the money we are earning, and this is stressful for us. Levodopa is very useful in this case.

Or, Levodopa is very useful if we are moving around the house and we fall or we can't manage getting around the furniture or work in the kitchen.

However, I believe it needs to be used at a low dose. I believe we can start at 50 ml twice to three times a day This is assuming that we are also taking responsibility for our own health, making sure that our diet is great and our exercise is great and you are drinking water, etc.

If the 50 ml three times a day is not sufficient (and we need to try that for 6-8 weeks) then we can slowly increase it to say 100 ml. three times a day. I see clients who have managed with that level of medication for 5-6 years and are now starting to turn their symptoms around and come back to a much healthier state.

I may have given the impression during these questions or answers that recovery essentially takes 6-10 years. That is not necessary so. Of the people who have fully recovered, one took 2 and a half years and one took over 6 years. My recovery was over a period of about three and a half years. So, there is a wide range of times.



And needless to say, much depends on the level of dedication. The Levodopa during these times can be useful. If we are taking it we need to be taking good quantities of Vitamin c (4000 to 6000 milligrams daily) and folic acid (at least 500 microgram daily) to mop up the homocysteine we produce in our brain as a result of using Levodopa medication.

Could you discuss the approaches using the Emotional Freedom Technique for my Parkinson's condition and your opinion of the value of the technique?

This is a great question. Emotional Freedom Technique is a very simple and powerful technique for assisting us to turn negative emotions to a positive view. The technique was developed from force field therapy which is a much more complex process. Emotional Freedom Technique is very powerful and has been used around the world for years. It is one of a whole gamut of strategies we can use to develop a positive emotional status in our bodies.

The development of Parkinson's revolves around the non-resolution of trauma or high stress early in life. What that tends to do is get locked into our bodies so that our response to other situations is on the basis of fight, flight or freeze.

When we are dealing with the physical aspects of Parkinson's we also need to look at its emotional and spiritual aspects. That usually means *we need to get fright out of our bodies so that our bodies can begin to produce neurotransmitters appropriately and reduce the production of stress. That requires us to undertake strategies like:*

- *Meditation*
- *Relaxation*
- *Walking*
- *Sitting*
- *Dreaming*
- *Singing*
- *Sleeping*
- *Listening to music*

One of the strategies we can use is Emotional Freedom Technique (EFT). It has been a very powerful impact on a number of my clients. I have used it myself. My wife Nichol[9] has used it for a number of situations.

It is one of those strategies that can be used on a regular basis if we need to or just as and when we need. For instance, we can use EFT when we face a stressful situation or when we have a challenge in our minds as when one of those negative ideas goes

- *around and*
    - *around and*
- *around and*

---

[9] *Nichol stands next to John Coleman on the picture shown on the first page of this interview.*

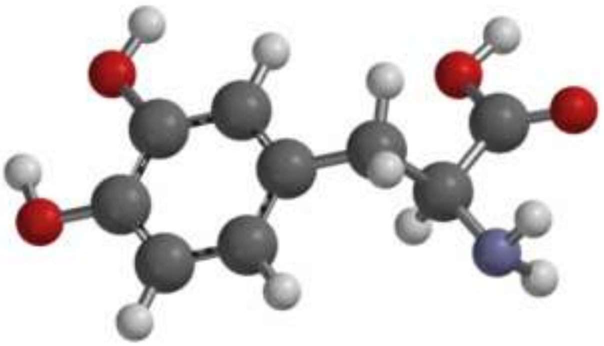
- ○ *around.*

We can use EFT to break that cycle to develop a positive affirmation. There is a lot about EFT on the internet and it is really worth looking at and using from time to time or on a regular basis.

I take Mirapex three times a day; also Carbidopa/levodopa three times a day. Which should be taken first and when? How critical is the timing of taking medication?

The traditional view of dosing medication is that you need to take a very strict dose at exactly the same time each day, three times a day. There are usually very clear directions on the drugs as to whether there is going to be any interaction.

In practice over the last 10 years, I find that there is in fact a great deal of flexibility about medication dosage and timing. We can judge the timing and the amount of medication we take according to how we are feeling on any particular day - physically emotionally and spiritually - and what there is ahead for us that day.



For instance, clients I see quite regularly may be on a standard dose of 100 ml of Levodopa three times a day. However, the daily function varies significantly. So, if they are having a quiet day and they might be preparing a couple of *meals they will generally take their first dose of medication around 8 o'clock or so in the morning. Then they may take 50 ml instead of 100 ml sometime after lunch. That might be all they need.*

On the other hand, some of my clients have part time work. On the days they go to work they get up early.

- *They take the first 100 ml of Levodopa at 6:30 or 7:00.*
- *They get ready for work.*
- *They go to work.*
- *At 12:00 or 12:30 they take 100 ml of Levodopa.*

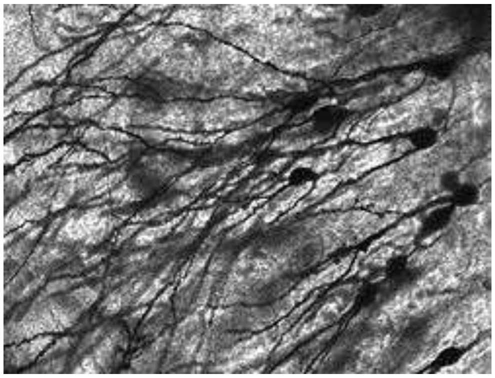
When they get home from work at 5:30 or 6:00 o'clock then they decide:.

- *Do they need another dose?*
- *Do they need 50 ml?*
- *Do they need 100 ml?*

That depends on how well they are functioning, whether the day has been stressful or pretty easy and whether the dose allows them to do their duties.

There are occasions - rare occasions – where they may have worked all day and have to go out at night. They will take an extra 50 ml to get them through. Occasionally they take none.

To me, this is a sensible use of medication. The days when they take less it gives their bodies a chance to produce more dopamine and more Serotonin



Please remember this. Don't be locked into the myth that the symptoms of Parkinson's disease means we only have a deficiency of Dopamine. Studies here and around the world have indicated that there are roughly 43 neurotransmitters deficient when we produce symptoms of Parkinsons. These include Anandamide Serotonin, Dopamine, Glutamine and Melatonin as well as a whole bunch of other neurotransmitters[10].

When we reduce the level of medication in our bodies any day our body is more active in producing neurotransmitters endogenously or within the body. But on the days when we need some extra support it is ok to take that extra medication because we are using it according to our need for function.

In theory you need to take it strictly according to prescribed dose and prescribed time. In practice it can be variable in both cases.

How do I handle the negativity (Doomsday) when keeping my appointment with the neurologist?

This is a challenge that we all face, and there are a couple of strategies that I can suggest and I think you could look at. I am not saying every one of these needs to be your strategy.

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[10] *The picture on page 20 depicts neurons in human hippocampal tissue.*

Number One: How important is it to see your neurologist? What do you want from your neurologist?

- *Do you want a prescription for drugs? Get it from your general practitioner.*
- *Do you want an assessment or your condition? Be prepared then for a negative report.*
- *Do you want to develop a rapport and companionship? Forget it. It is not going to happen.*

Let's say that you feel you feel need to make annual or bi annual visits to your neurologist for particular reasons. The number one strategy is to prepare yourself in writing. That is, if you have questions to ask, write those questions down and make a copy so that you have a copy and there is a copy to hand to your neurologist. If you feel that you have stabilized or you have made some improvements, write that down and hand a copy of that report to your neurologist too.

When he or she starts on the –

"Well, um ... we need to increase your medication."

Then, you say:

"No. I want you to look at areas in my life that have actually improved. I would like you to focus on those."

As far as the doomsday predictions, this is what neurologists know. This is what they are taught. They have 12 years of medical school. Teaching them that illness is the most important thing in life and they have the unique power to treat illness and if they cannot treat illness nobody else can.

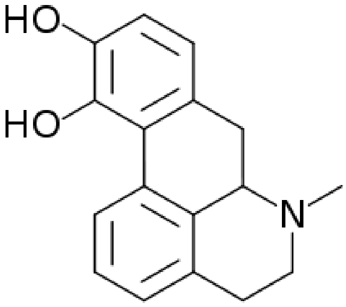
> *"Nobody can do anything for themselves."*

Is what they learn. Then, after the 12 years of medical school and internship, they are exposed to a whole bunch of learning about neurology. They learn about illness. That is all they learn about; illness and controlling illness.

They are unfortunate people because they learn nothing about wellness, about positiveness or about self-responsibility. It is not in their training. So, we can feel sorry for them.

I say ignore predictions because we know their predictions are wrong. We know that for any doctors or, for that matter, any naturopath, prognosis is a best guess. When a doctor says to somebody – you have cancer – you will be dead in six months. That is a best guess. What we do is take that on as gospel truth and we die in six months to prove them right, but we don't have to.

When doctors say to us – you have Parkinson's disease, you will get worse, you will need Apomorphine subcutaneously., you will need a wheel chair, you will need full time care - these are all best guesses. We do not have to prove it is true. We do not have a responsibility to prove that the doctor is right.



Our responsibility is to us. I think we need to write this down.

> *"I am the most important person in my life. I create my own prognosis."*

So we need to build ourselves up. I think is also important, whenever going to a neurologist, to take a buddy with us, whether that is:

- *a spouse or*
- *a partner or*
- *a close friend or*
- *a child or*
- *a sibling*

1. *Someone who is attached to you.*
2. *Someone who is feeling positive about your taking control of your life and is very encouraging about that.*
3. *Someone who will be your ears.*

They can sit back and listen and focus on what you are saying and what the neurologist is saying. Often we hear the bad stuff and that overwhelms us. We don't hear some of the good stuff.

Sometimes perhaps the neurologist is saying strongly:

> *"Look you are going to get worse and you need to increase medication."*

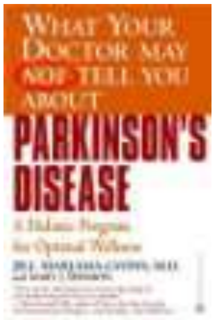
They might be saying quietly,

> *"I do not understand why you haven't got worse."*

That has happened to some of my clients. The emphasis is still on what they know – that is, that people get worse. A buddy with you can help hear those puzzled statements from the neurologist or if the neurologist is a bully – some are – not many – then you have someone there to support you and encourage you to communicate your concerns.

Here In Australia, there are few neurologists who are quite positive in outlook. I know of four here in Melbourne. There is another further up in the gold coast and one in Sydney. While they are not knowledgeable about complementary medicine, they are encouraging to their patients and say:

- *Yes, you can do things for yourself.*
- *Yes, it is good to meditate.*
- *Yes, it is good to see a naturopath.*



I am hopeful that there is one or more in your area. I know there is neurologist in Florida, Jill Marjama-Lyons[11], who wrote a book (with Mary Shomon) called What Your Doctor May Not Tell You About Parkinson's. She is quite amenable to things like meditation and supplements.

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[11] *Department of Physical Therapy, Box 100154, University of Florida, Gainesville, FL 32610-0154, USA*

You may find it better to look around for a neurologist who is a bit more supportive even if not directly knowledgeable about complementary medicine.

In closing, when you go to a neurologist, expect they will speak from their very limited knowledge base. Take from them what you want and forget their prognosis. If they push you to increase medication, make up your own mind. It may not be necessary.

In Your 12 Step Recovery Program, are some steps more important than others?

Yes, there are. Let's have a look at the key steps.

Step 1: Understanding How Parkinson's Disease Develops

I believe is really important, the more we know about why our body is behaving in a particular way – the greater the power we have to turn that around. If we truly understand how and why we develop Parkinson's disease, we can realize we have an enormous amount of power to change this.

- *It is not something we catch.*
- *It is not something mysterious.*
- *It is not beyond our understanding.*
- *It is a simply, well understand process of suppressing the fight-flight response.*

Step 2 - Loving Ourselves.

This is probably the most important step of all because everything else can revolve around that. If *we truly love ourselves:*

- *We will eat food that is good for us.*
- *We will avoid destructive behavior.*
- *We will have far more positive thought processes and far less negative ones and can change the negative ones*
- *We will undertake exercise that enhances our well being.*
- *We will visit practitioners who treat us respectfully and lovingly and support us in our journey.*

So loving ourselves: In the 12 Step Recovery Program I give ways that we can do this – loving ourselves really is the basis of turning our health around.

Step 5 – Laughter[12]

I have a concept – the3L's – Love, Laughter and Meditation. I hope everyone is laughing because meditation does not start with the letter L. It is something I concocted.

Laughter is the second string of this real basis of us turning our health around. When we laugh or pretend to laugh we produce Anandamide, Dopamine and Serotonin and we reduce the production of stress hormones. Step 5 is also a really important one.

Step 7 – Meditating.

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[12] ***Picture shows an Orangutan laughing**. If a monkey can laugh, surely we can laugh too.*

Meditation is really simple. It is a practice that is as old as man.

- *We would meditate in our cave or place of sleep*
- *We would drink in the sun and we would consider that strengthening*
- *We would worship whatever we would worship.*

These are all forms of mediation. We all mediate during our lives when we see things of great beauty or great peace.

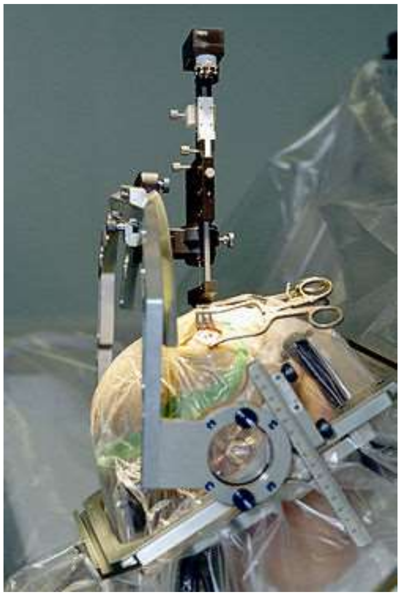
So those four steps: step 2, step 5 and step 7 are the bases. Step 1 is very, very important.

Step 6 – Diet

This is really absolutely critical. If we truly love ourselves as I said, we will eat the food that is good for us. Sometimes we get confusing messages about that. So, in step 6 – and I think there are actually 3 e-classes I have written on that - diet provides the body with fuel that supports our loving ourselves.

Does your 12 Step Recovery Program interfere or complement electric Deep Brain Stimulation (DBS)?

This opens a real can of worms for you. DBS is being used more and more. There is I think something like 20,000 people who have undertaken this process. In general I would say it has been a dismal failure.



However, if someone has had that surgery and is struggling with their health – as most are – then the 12 Step Recovery Program or the program I promote can assist in improving their health. I have found with those people who have come to me following DBS that it is much more difficult to become fully well because there is very significant damage to the brain by the surgery itself. I know that, theoretically, there are just two very thin wires being inserted very deep into the brain in two very specific areas. Those wires happen to kill several million cells on the way in. We also have electrical discharge into the brain. This seems to disrupt some function.

What I have seen, as a result, is that some people gain immediate improvement and are really happy about it. And over the next 15 months to 3 years they start to deteriorate. They move back onto drugs.

There is a neurologist by the name of David Heydrick who has DBS and has managed, through exercise, diet and really positive thinking, to move away from his medication. Mind you he still has very serious symptoms of Parkinsons.

I have seen his DVD. People who are considering DBS need to consider it again and again, and I would certainly not undertake it unless and until you have met several people who have had DBS at least 5 years ago at least.

I recently had an interview with Richard Moir[13]. Richard is an Australian actor who developed Parkinson's disease many, many years ago. He came to see me several times but could not develop the dedication and determination to actually get well. He was on high medication, Apomorphine subcutaneously. He was a young man in his forties.

He decided to undergo DBS and made a movie about it called The Bridge at Midnight Trembles. That is available as a DVD[14]. It is worth looking at. It shows his condition before and following DBS.

His body function certainly does improve to some degree following DBS. He had a nightmare ride in having surgery, infection, adjusting the electrical discharge to reach the stage of semi functionality with drug support.

Following that he has actually had 6 more DBS surgeries and has had 7 in total. He is an absolute mess. He is making another movie called The Wind Howls Like a Hammer! about his experiences. These are going to be good movies to watch if you are considering having DBS.

The movies I have seen from the medical profession show the instant benefits. Maybe 50 % of the people experience instant benefits and some short term. In the long term however I have yet to see success.

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[13] ***Richard Moir*** *(born 1950) is a Queensland-born Australian actor. In 1990, Moir was diagnosed with Parkinson's Disease, the degenerative effects of which gradually brought his acting career to a premature end. Moir later underwent deep brain stimulation therapy, a process covered by the 2006 documentary The Bridge At Midnight Trembles*

[14] ***Find reviews at http://www.peterleiss.com/html/films_reviews2.html***

That makes sense to me because what we have done is put a bandage on the electrical discharge in the brain that is deteriorating. The process of having many MRI's, local anesthetics, the trauma of having your skull cut open, etc., also exacerbates the symptoms of Parkinson's. So, we try the opposite of something that can be helpful.

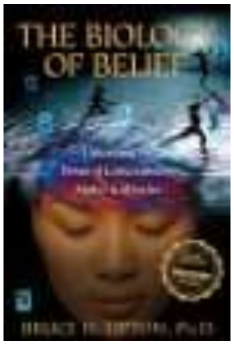
All of that being said is – if you have already had DBS, you can improve your health and you can possibly reach the stage not needing DBS or at least having a reduced need for medication, so your quality of life is improved significantly. That revolves around exactly the same strategies as we covered.

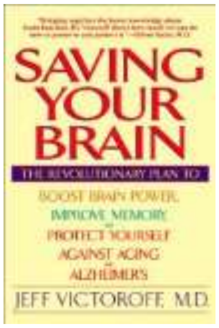
Given that you worked in a copper mine at age 16 suggests metal poisoning caused your Parkinson's. A chemist says, once rid of the metal, your body recovered. Most don't have such a traceable cause. Your method healed you, yet may not transfer to others?

We know that heavy metals can be an exacerbating factor in developing of Parkinson's disease and Parkinson's symptoms. It is true that I worked in a copper mine. However my contact with cooper was minimal. I worked first worked as a clerk and then as a timekeeper.

I had significant contact with the crude ore but not with copper per se which was down in the smelter. There were also other pollutants - the *smelter pollutants. This was certainly a factor that we looked at.*

We looked for Wilson's Disease of course that is an ingestion and collection of copper[15]*. We looked at heavy metals. In fact, we could not find heavy metals. We looked for lead because I grew up in the era of leaded pipes. My Dad was a builder. Often there was a lot of paint around but we could not find lead toxicity either.*





More telling than that is that we know what causes Parkinson's. This is now unequivocal. When we read studies by Jeff Victoroff, Bruce McEwen, Gabor Mate and Bruce Lipton among others, we know that, like all degenerative disorders, Parkinson's begins in early childhood with a suppression of the fight-flight response. This might occur as a result of many, many different types of circumstances.

When we are already in this state of suppressed fight-flight response, other toxins can have a greater impact on us. They may include copper garden sprays such as Diazinon[16] *and Roundup, it may include things*

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[15] ***Picture of the eye shows** a **Kayser-Fleischer ring in a patient with symptoms suggestive of Wilson's disease***

[16] *Diazinon kills insects by inhibiting acetylcholinesterase, an enzyme necessary for proper nervous system function. Diazinon has a low persistence in soil. The half-life is 2 to 6 weeks.*[1] *The symptoms associated with diazinon poisoning in humans include weakness, headaches, tightness in the chest, blurred vision, nonreactive pinpoint pupils, excessive salivation, sweating, nausea, vomiting, diarrhea, abdominal cramps, and slurred speech.*

like lead or cadmium or dry cleaning fluids[17] or paint or any number of other chemicals that are around. Even petroleum and diesel (gas in your world) may create and exacerbate symptoms.

Certain drugs can do that also. Amiodarone is one – a drug given for arrhythmias is known to produce Parkinsonian symptoms as do the Lipitrophic drugs[18]. The Lipitor cholesterol drugs they are very, very toxic drugs and can cause and exacerbate Parkinson's symptoms as can anti-depressants.

The fact is our brain is already set up to be vulnerable. This is where we need to look at how our Parkinson's starts. Yes, we need to be aware that toxic chemicals and metals are going to have an influence on our life. You may need to move away from an area or clean our body out gently. Detoxes must always be gentle.

We need to look at how our Parkinson's began. It always comes up as a suppression of the fight flight response and that is where we start our work.

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[17] ***Like many chlorinated hydrocarbons, tetrachloroethene (or dry cleaning fluid) is a central nervous system depressant, and inhaling its vapors (particularly in closed, poorly ventilated areas) can cause dizziness, headache, sleepiness, confusion, nausea, difficulty in speaking and walking, unconsciousness, and death.***

[18] *Common adverse drug reactions (≥1% of patients, or more than one out of every one hundred patients) associated with atorvastatin therapy include: myalgia, mild transient gastrointestinal symptoms (diarrhea, constipation, passing gas), elevated hepatic transaminase concentrations, headache, insomnia, joint pain, and/or dizziness.*[4]

Over the last few days there have been results of studies suggesting that there can be benefits of early medication rather than delaying medication. Comments?

I find that very difficult to accept. I have not seen the studies, However we know that the focus of medication – whether it be Levodopa medication, dopamine, MAO-B inhibitors, COMT inhibitors and Anti-cholinergic drugs - is on improving the quantity of available dopamine in the brain.

Two things here are happening. When we do that we reduce or suppress the ability of our body to produce endogenous dopamine. We ignore the deficiency of other neurotransmitters involved as in Anandamide, Serotonin and Glutamine

The earlier we introduce medications, the more likely it is that down the track we will have both adverse reactions and ineffective medication, and a rapidly exacerbating disorder.

We have an increasing ratio of young onset Parkinson's being diagnosed these days. I believe this is definitely as a result of a very toxic society.

- *Very poor food.*
- *Toxic food with lots of petrochemicals with coloring and flavorings.*
- *The huge influx of artificial sweeteners which are highly neuro toxic.*
- *The influx of petroleum traffic and industrial pollution,*
- *Fluoride in water*

All play a role in the development of degenerative disorders. I would encourage us to look at not using medication unless we need it. As I say, where function is difficult and at all dangerous, then Levodopa medication is the best.

I also need to warn is against the study that looks at the effect of smoking on the symptoms of Parkinson's. There are a number of studies that say smoking cigarettes delays the onset if Parkinson's. That is a load of rubbish. A study will show this, but it was constructed in such a way that it had to show that.

In fact, what we know happens is that smoking cigarettes (that is, ingesting nicotine) disguises the onset of Parkinsons. It fools our body into believing that it has more dopamine, Serotonin and Glutamine than it actually has because nicotine occupies those receptors.

It is similar to ingesting cannabis or smoking marijuana. Cannabis occupies receptors intended for Anandamide. Anandamide is the neurotransmitter that makes us feel fabulous and makes every cell in our body work better.

There is a lot of information on Anandamide on the internet that is worth looking at. Anandamide was discovered when people were looking for the mechanism of cannabis and how that worked in the body.

When we smoke cannabis it makes us feel fabulous I am told. I have never used it. It is supposed to give us the feeling of euphoria, but it discourages the production of Anandamide and incidentally Dopamine and Serotonin in the body. Early ingestion of Parkinson's medication - even dopamine and things like Selegiline – are likely to exacerbate the disorder down the track in 10 or 15 years. I do disagree with that study and warn against that and say – look for more information.

How long did it take you see substantial symptom relief? How long did it take to become symptom free?

I didn't see substantial symptom relief for a long time. What I saw were tiny improvements. I collapsed in August in 1995. The only reason I did not take medication was that I was treated dreadfully by medical practitioners, a couple of neurologists.

I had two surgeons who worked with me, a neurosurgeon and another plastic surgeon who knew me and diagnosed Parkinson's and said to me

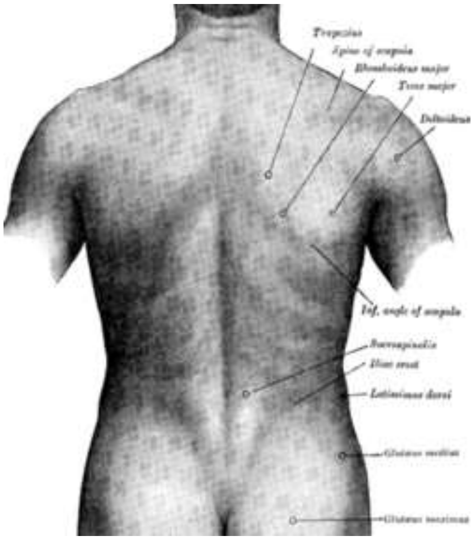
> *"Do not take medications unless you absolutely have to."*

I battled on with a

- *Homeopath*
- *Counselor*
- *Craniosacral therapist*

By early 1996 after about 4-5 months I had seen some small improvements. I was almost coherent with my speech. I was speaking very slowly and pausing often, but I could get a sentence out. I could walk 100 meters or so providing I had support and 20 to 30 meters without support providing I focused. I could actually just do a day's work, so I had improved. I do not call that substantial improvement.

I did not see substantial improvement after that until late 1996 or early 1997 when I was well into this routine of diet, meditation and using homeopathics without necessarily understanding what I was doing. I seemed to be doing some of the right things.



In the middle of 1996 I had a huge setback. My back went into spasms I still do not know why. It has happened to other people. We are looking at that syndrome. I had enormous spasms for a couple of days. That knocked me around for 2 or 3 months and put me back.

Then, towards the second half of 1997 I had another huge setback. I thought I was really worse than I was in 1995 and then battled out of that.

The total time from collapse in August in 1995 to symptom free in mid 1998 was three years. I thought I was well then but I realize I wasn't. I was just symptoms free.

I continued to work with my health and improved significantly. Today I have to say - 10 years since I became symptom free – I am much healthier than I was then. I am 10 years older, but

- I walk further.

- *I exercise more.*
- *I can work out.*
- *I feel better.*

My health has improved significantly in the 10 years. It was three years to become symptom free.

My first recovery client was a 79 year old man when he came to me from [Queensland] in Australia. He came to me at stage 4 and a half (there are 5 stages, with 5 being the worst). He collapsed on walking with a frame. He was on 1500 milligrams [Levodopa] a day plus 12-13 other drugs for various elements including Parkinson's, blood pressure, reflux etc.

He took about 6 and a half years before he became symptom free. He noticed improvements I think after 1 year 2 weeks and 11 days. He was able to leave his walking frame behind and go walking by himself without support for the first time in many years. That was a very substantial improvement.

I think one of the secrets of getting well is to keep a [journal]

Keep a record of what is going on week by week and month by month so you can see very small improvements. I kept a diary and the very small improvements encouraged me to keep going so I was able to accumulate large improvements over a longer period of time.

Could you say a little about your *12 Step Recovery Program*?

I am really passionate about this. I know that you can get well.

1. *I got well.*
2. *Shelly got well.*
3. *Tom got well.*
4. *Elizabeth got well.*
5. *Harold got well.*

I am seeing improvements every week in my clients who have Parkinson's. I know this really works. Just with beginning the activities you will see some changes in your body.

- *Nothing is impossible.*
- *We can get well.*
- *People are recovering from Parkinsons.*
- *I encourage you to take control.*
- *Take responsibility.*
- *Know that you can get well.*

Part II : Interviews with Persons who have the Symptoms of Parkinsons

Photograph by Peter Thompson

Max

Can you talk a little bit about the detoxing work that you have done and the Ayurvedic work?

Sure, Let me tell you about a place in the States I went to about a year ago. I'm not sure if you're familiar with the place. It's called the California College of Ayurveda in Grass Valley, California. Besides teaching, they also have an excellent Ayurveda healthcare center. They believe that toxins in the body have a lot to do with Parkinsons.

I've always believed that the body can heal itself. It can recover, but it helps to get all the toxins out of your body first. It's pretty hard with the foods we eat today to keep the toxins out, but I try to do the best I can.

For this detox program, you actually went down there, and you live in Canada? In British Columbia?

Yes, I live on Vancouver Island in British Columbia.

How long were you there in order to go through this detox program?

I was at the treatment center for ten days for a Panchakarma (a rigorous detoxification program). But I actually got there two weeks ahead of time because they wanted to put me on a very strict diet with special herbs.

When you returned home there are also regimens that you do in terms of what you eat and the herbs that you take?

Umm, Yes. (Laughter) I don't really follow it as faithfully as I should right now, but yeah; there is a specific diet I should be staying on.

It is hard to stick on a diet?

Yes it is. It's not easy, but when I was on this diet, I've noticed a huge difference. It's just that right now, I'm going through a divorce and moving, so it's hard for me to be diligent in my eating program.

Of course. It is a challenge to stick on a healthy diet. The good news is that you are feeling better and you're doing things that are really making that happen.

You know, it's really weird, but I feel pretty good when I wake up in the mornings now, unmedicated. My body strength is at about 40%, but I can still function. My last dose, on average, would have been around 15 hours ago. My mind is calm, no muscle aches, little or no tremors. I can even go for a 40 minute walk now before I take my first dose of herbs.

I really believe the body on its own can replenish dopamine, if you give it half a chance by being unmedicated. By walking unmedicated, I believe that I can reprogram my brain to walk normally again on its own over time.

There was no way I could have gone for a 40 minute walk, unmedicated, two years ago. But if I need to function close to normal throughout the day, I need to take my herbs.

You did take some meds although you didn't even quite need them really?

I'm pretty tired after my morning walk. I would say my body strength gets down to about 25%. It's hard for me to do anything active during the day unmedicated. I take my herbs 3 times a day, so I'm in pretty good shape for about 9 hours. Each dose averages 3 hours.

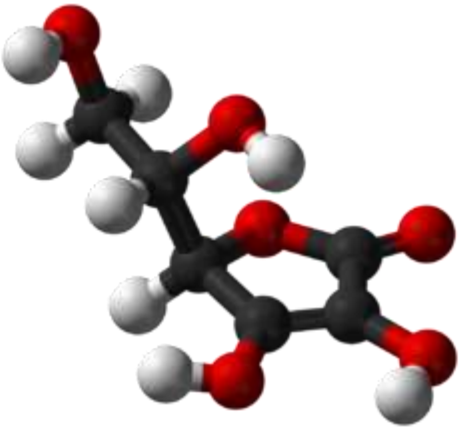
I'm able to exercise, jog, swim, ride my bike, walk almost normal, etc. During this time my body is about 90% functional.

The funny thing about taking the meds, is when they wear off. I'm actually in worse shape than before I took them, which is bizarre. Sometimes I can barely walk. But when it kicks in, it usually kicks in pretty quickly. Every day is different. It depends on what you eat too. I keep my Sinemet intake to an absolute minimum. I take mostly Mucuna, but it seems to work a lot better when I add a little bit of Sinemet to it.

You combine Mucuna with Sinemet?

Yes, I combine the two. I'm currently taking 1 tsp of Zandopa and 1/4 or 1/2 tablet of Sinemet (200/50CR). I start off with the smaller amount of Sinemet in the morning.

How long have you been on Sinemet?



I was diagnosed with PD 8 1/2 years ago. For the first five years I didn't take any PD medication. I tried acupuncture, a variety of supplements, anti-oxidants, different kinds of energy work, etc. I'm sure they all helped, but after five years, I had gotten so bad that I was looking into getting a wheelchair because I couldn't walk anymore.

I finally broke down and started to take Sinemet. That was about two years ago now. Sinemet worked wonders, but it only lasted about six months for me, before it eventually stopped working. Fortunately, around that time, I found out about Mucuna

I've noticed a difference the very first night I've tried Mucuna. It's really amazing how well it works. For the next couple of months, I had dramatically reduced my intake of Sinemet and replaced it with Mucuna. I look probably like 90% normal when I'm taking it.

You couldn't tell most of time that I have Parkinson's by looking at me. But, I do at times show some difficulty in talking. Physically, I've gotten back to the point where I could ride a bike again. Now, when I'm medicated, I could do just about anything.

In the evenings I like to give my body a break off the herbs. My body gets weak again, I have to be careful, but sometimes I can go for an evening stroll unmedicated.

Your experience varies from day to day? Every day is a new experience?

Max: Well, I think a lot has to do with stress. A lot has to do with what you've eaten. Like if I had eggs for breakfast, the protein in the eggs would really diminish the positive effects of Sinemet

Robert: Oh, right.

Max: Especially like if you eat meat, like if you have a big steak or something, it affects it.

You notice a very strong, direct relationship between stress and the symptoms?

Max: Oh, definitely. For sure. Yep, without a doubt.

What types of things do you do other than all the meds to be able to release some of that stress that you're under?

Max: Are you familiar with Brain Gym

Robert: Yes, actually.

Max: Actually, I practice Brain Gym. It helps a lot.

Robert: So that's a big factor for you.

Max. I think so, because I took a course in Brain Gym when I was living in Calgary. And the instructor told us that by doing Brain Gym you will activate other parts of the brain to create dopamine that your brain would not have produced before. So by doing Brain Gym, you're triggering new neurons to develop and that enables the brain to produce more dopamine. I was pretty amazed when I heard that.

Robert: That's so cool. So you actually took a course in this to learn how to do it all?

Max: Yep and I've got a couple of books on it too.

Robert: Ah, Great.

Max: It was a two-month course, once a week.

If there is one thing you would say about what's helped you the most to be able to feel better and get relief from your symptoms, what would it be? What would you tell people they really should do, whatever it may be?

Max: Visualization techniques. It's basically visualizing yourself doing something before you do it. That seems to work the best for me. Visualize yourself walking, visualize your movements etc.

A good example is when you are laying in bed and you are having a hard time turning over. So just visualize that you've already turned over and then your body will follow. Same with walking, you want to go from

Point A to Point B, you visualize yourself already over there. It's hard to explain but it works extremely well.

The other thing is to do all your movements and do all your actions throughout the day with joy. Don't get that adrenaline going. Like in the early stages of Parkinsons it gets so frustrating it's like, (Max growls) (Robert laughs). It's like these forced movements get the adrenaline going. That never, I mean it does work but is not a very good way of doing it. Do movement through joy and do movement through visualization. Those two things work extremely well for people with Parkinson's.

When you say visualize, do you actually see yourself in those movements doing those things? Is it truly visual for you?

Max: Yep, yep. Another thing is too is like if I want to walk from Point A to Point B and I'm guessing it is maybe five steps. I tell my body - Okay, it's going to take me five steps to get over there. So I start counting, one...two...and it's really amazing.

The body will continue walking, like it has been programmed. As opposed from trying to get from Point A to Point B just on your own. Like Oh my God - am I going to make it or not? But if you tell your body there's only five steps to get over there, and once you get your first movement going, your first foot going, your other foot seems to follow quite well. Those are my visualization techniques.

Robert: But, did you figure this out on your own?

Max: No, that was from a program called PD Recovery?

Robert: Oh, yes, of course. They talk about visualization in the program?

Max: Yeah.

Robert: Yeah, of course.

Max: I've actually made three trips down there and I was there for a couple of weeks at a time.

Robert: How wonderful. Yes, they are making quite a contribution I think.

Max: Those two things, joy and visualizations, are what I got most out of her program. I'm not in her program now because I'm taking medication and they don't want anybody who takes meds to be on their program.

Robert: Oh, okay.

Max: I mean, I tried it for five years being totally unmedicated to see how long I could go without taking meds and it got pretty bad after five years where I couldn't do anything.

Robert: So you decided you were going to shift?

Max: Either that or die. (Chuckling)

Robert: Ah, right, right.

Max: I mean, I couldn't dress myself, brush my teeth, comb my hair, couldn't shave, button a shirt or even walk. Even with a walker I had a hard time. I was ready for a wheelchair and once that happens, my muscles would really start to disintegrate and next I would be bed ridden and that's it.

I wasn't going to allow that to happen to me, so I decided to start taking Sinemet which only worked for a little while. But once I started taking the Mucuna, it was incredible. It worked so much better than Sinemet. My body was able to start rebuilding itself. It got me into pretty good shape. The past couple of months have been hard on me, probably because of the stress I'm going through right now.

Robert: This is a wonderful report and I really want to thank you for providing all the insights and information. There are so many people out there that are looking for stories from other people with Parkinson's to find out what they have done to feel better. So, you're information is invaluable to so many people.

Max: I appreciate that, I mean, I'm hoping it will be of some help because I really firmly believe that the body can heal itself. I mean I have now recovered from a lot of problems I was having.

Here's one example: At nighttime when I'm sleeping under my covers, if I try to move my left arm under the sheets, it was like a jackhammer. I just couldn't get a smooth movement. That was only maybe about six months ago. And now I can do that. I can move my arm under my bed sheets. No problem, without that jackhammer effect. And that is being *un-medicated. I stopped taking the meds around 3 o'clock which is my last dose.*

Another thing is before going to bed is fluffing the pillow. I couldn't fluff the pillow before. I just couldn't. Now these are all just minor things but people with Parkinson's can relate to that. Now I have no problems at all.

Now when I get up in the morning I can put my socks on and keep my balance without having to hold onto anything. Like, I can stand up and put my socks on. You know, there are a lot of things that I see improvements in.

I know I could be doing much, much better if I would stick to my proper diet and exercise program but right now I am giving my body a break. I am just going for comfort food.

Robert: We have to take vacations every once and a while. Then our bodies remind us – you better get back on that.
Max: For sure. I haven't gained any weight or anything. I am still a normal weight. I am just not eating as healthy as I should be. I am now cooking for one person and you get a little lazier. You open up a can of sardines and toast.

Robert: I know. It is hard to stay on track even though we know what we put into our bodies makes all the difference in the world.

Max: It really does.

Panchakarma

Ayurveda has two systems of treatment. One is to pacify the aggravated Doshas by using appropriate diet, natural herbs and minerals; and the other is to purify the body, by eliminating the increased Doshas from the body.

For purification of the body five different procedures have been described by the Ayurveda texts. These five procedures are basically known as Panchakarma (etymologically, five actions). But ***Panchakarma****, the purification therapy expounded in Ayurveda is perhaps the most misunderstood of all the Ayurveda practices. Due to ignorance, it is often perceived as just another system of oil massage.*

Oil massage (Sanskrit: abhyanga) is an important treatment in Ayurveda. While a person may perform massage on his own as part of his daily routine, trained masseurs are required to perform this therapy when it is used for disease management. As part of the treatment, medicated oil is massaged all over the body. A massage that is part of the daily routine lasts for five to fifteen minutes. But when it is performed for treating diseases it may take about 45 minutes.

Treatment massages can be effectively done with two therapists working on either side of the patient who lies on a wooden bed called Droni in Sanskrit. The patient is made to lie on the bed while undergoing the treatment.

Since the feet are considered sensitive, special care is to be taken for foot massages. The nerve nodal points (called Marmas in Sanskrit) on the soles of the feet are closely related to certain internal organs. The sole of the right foot is massaged with clockwise movement and the left foot with anti-clockwise strokes.

During the treatment the patient is made to recline in seven standard positions. This begins with the person seated in an upright position, supine or flat on the back, turning to the right side, supine again, turning to the left side, supine once again, and finally sitting as in the beginning, Sometimes the position of lying face down is also adopted.

Panchakarma is a holistic rejuvenation therapy and is not just an oil massage, as it is widely believed. It is in Kerala that the rejuvenation therapy of Panchakarma grew and flourished. There are regional variations in therapy procedures and also the equipment used. Practice of this therapy should always be done under the guidance of qualified and competent physicians and trained attendants. 1

Two different schools

*The word Panchakarma means five actions. According to **Charaka**, Panchakarma refers to Nasya (nasal therapy), Vamana (emesis), Virechana (purging) and two kinds of Vasti (therapeutic enema), Nirooha Vasti and Sneha Vasti. Herbal decoctions are used for Nirooha Vasti and herbal oils for Sneha Vasti.*

*The other school, that of the surgeon **Sushruta**, regards Rakta (blood) also as a Dosha (humour), the vitiation of which can cause diseases, advocated Raktamokshana (bloodletting) as the fifth in the Panchakarma therapies. So the five therapies are Nasya, Vamana, Virechana, Vasti and Raktamokshana. As bloodletting involves medical venesection, it is no longer popular. Leeching, however, is still practised.*

Panchakarma and Rejuvenation

The three stages of Panchakarma therapy

Panchakarma is always performed in three stages – Purva Karma (pre-treatment), Pradhana Karma (primary treatment) and Paschat Karma (post-treatment). The patient who opts for any one of the five therapies has invariably to undergo all the three stages.

Snehana (oleation / oil therapy) and Swedana (sudation) are the two Purva Karma procedures. Snehana (internal and external oleation) loosens the Amam stuck in various sites of the body and Swedana dilates the channels to facilitate its movement towards the Koshta (alimentary canal). The Amam that reaches the Koshta is eliminated during the Pradhana Karma (primary treatment).

Diet regimens, restricted bodily exertion and the intake of health-promoting drugs come under the Paschat Karma (post-treatment).

The definition of Panchakarma

The Ayurvedic rejuvenation regimen practiced today is called Panchakarma – Pancha means 'five' and Karma, 'action'. This five-fold therapy is aimed at Shodhana, the eradication of the basic cause of disease. Shodhana along with Shamana, the mitigation of the disease and its symptoms, are the two concepts of disease management in Ayurveda.

Panchakarma does not just eliminate disease-causing toxins but also revitalizes the tissues. This is why it is called the rejuvenation therapy.

Sandy

I would like to start by asking you about your Parkinson's. What are some of the struggles you have had with Parkinson's? Are you taking traditional medications?

I guess I am taking half of a traditional medication. I tried Mucuna and did not get much if any result from taking the dosage by itself. My neurologist suggested it might be more effective if I took Carbidopa along with the Mucuna because that would assist it in getting past the brain barrier. Lodosyn is the official prescription name for Carbidopa.

Lodosyn is a prescription medication. It is one of the two ingredients in Sinemet which is the most common treatment for Parkinson's by the medical profession. It's used in Sinemet with the synthetic dopamine as opposed to the natural dopamine one gets by using Mucuna.

You now take both medications today?

Yes.

In what doses?

I take one 25 milligram of Lodosyn and two teaspoons of Mucuna powder three times a day. I take it about 45 minutes to an hour before each meal.

Do you take other supplements or herbs or vitamins?

Yes. I take a multi-vitamin. I take a mineral supplement right now because I am going through chelation. I have elevated levels of mercury and lead.

I also take a supplement that is a combination of vitamins A, C, E, zinc and copper. This is a second stage trial – not really preventative but something to slow down macular degeneration which I also have in one of my eyes.

I also take Creatine. NIH is doing a study on that as something to slow the progression of Parkinson's. I also take Coenzyme Q10 which is similarly being tested in a second phase trial to see if it slows down the progression of the disease.

What symptoms do you have?

I have a tremor in my right hand. I have a bit of a tremor in my left leg. The thing that was bothering me the most – the thing that caused me to start taking any medication – was I became really, really slow and clumsy. My coordination was poor. My posture was terrible. As my wife said,

"I ate with my nose on my plate."

I was extremely frustrated by the slowness of the movement. My movements were so slow. I was staying active but it would take me over an hour to just shave, shower and get dressed. That is when I started taking the Mucuna with the Lodosyn which has been very effective.

I am much, much faster. I am not racing my nine year old grandson in any races yet but I am a lot faster than I was. My manual dexterity has improved dramatically. My balance is better. I am more comfortable driving. Just about every aspect that was bothering me is dramatically improved.

What are some of the other things you do to help you feel better?

My thing is exercise. I work out four days a week about an hour and a half. Then I do Tai Chi, yoga and Pilates one hour each, once a week. On the days I am not doing a workout I try and walk at least a mile or two. This helps. Plus, it helps to *not give up any activities. Stay active as if you are completely normal.*

I have a friend who says:

"I feel normal when I am working out."

There is a lot of truth to that. The more you can do to maintain everything you have been doing helps you physically and - equally important - emotionally.

When you work out do you lift weights?

Yes, I divide it. Every day I do aerobics, the exercise bike or the ellipticals. Then I do hand weights or use weight machines available in the gym. I alternate days between upper body and lower body concentration.

Have you always exercised?

Yes I have. That is important in that it makes it a lot easier to do that. I am almost 75 and if I hadn't exercised all my life who knows. I see people who have been diagnosed with Parkinson's or who have developed the symptoms who haven't worked out their whole life. It is very difficult for someone to start late in life. It is an advantage that I have always exercised. It is pretty easy for me to continue doing so.

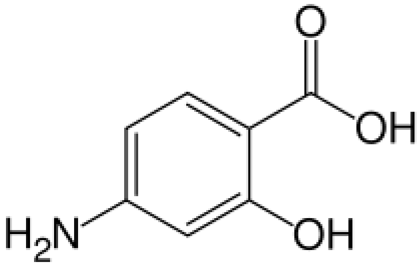
You have really been able to continue doing all the things you have always done without much interruption?

Yes. That is true. Again, I am a little slower but yes. I have not had to give up any activity at all because of PD.

I am sure there are modalities, therapies and approaches that you have tried since you have had Parkinson's that really did not offer much help. Could you

talk about those?

The main thing that I tried – I tend to try things that are hopefully going to make one feel better for a long time. My interest is peaked when I read about something that possibly offers dramatic improvement.



One thing I read about a couple of years ago now was PAS which is [Para Amino Saracilic Acid](). It is a treatment for tuberculosis which fortunately in this country is rarely used. It is a specialized sort of a drug.

I read a [study]() about people who had [manganese](). They interviewed people 17 years after their original look at these folks. One person was completely cured of all symptoms. It turned out she had been treated with [PAS.]()

I thought I would try it. My neurologist agreed it was a legitimate study and it was worth a try. It would not hurt me. I took it for nearly six months.

At first I thought I was going to see some dramatic results. One strange thing that happened was that my sense of smell came back which had been gone completely. It is sort of selective. I do not have a complete sense of smell. But I have a much better capability of smelling for a number of things than I did before. That incidentally has continued even though I did give up the [PAS]() because I was not getting any other symptomatic relief.

That is the only thing I have tried which hasn't worked but I suppose you might say there was some result. The lack of smell was not the most debilitating symptom I had.

What about other approaches, therapies and modalities that you have tried that have offered you some relief and have helped you feel better?

I enjoy music and always have. That makes me feel better. I think doing anything that gets your mind off your condition is helpful.

Nothing makes me feel better than to have a laughing session with my grandson over a game of something. It is usually a lot of fun and we always wind up having a lot of laughs. Anything that makes you laugh is good.

Going to movies and shows helps. I am going to a musical tonight in Portland. I am looking forward to that. I think you get a bang out of anything that is musical and uplifting and funny.

Laughing is good therapy. I remember reading [Norman Cousins] book about curing himself of (I do not remember the exact disease but it was considered to be incurable). He ended up being cured. His main treatment was locking himself up in a hotel room for weeks watching funny movies. I *haven't tried that ... yet.*

Robert: You haven't needed to do that yet!

It would be fun ... sometime!

You earlier mentioned chelation which is the administration of chelating agents to remove heavy metals from the body. Could you say more about who is helping you out with that?

A naturopath naturally; a gentlemen who teaches nutrition at the medical school. I was referred to him by another naturopath. No one knows how much mercury or lead is too much, but we keep hearing that they are not good for you.

I decided it was worth getting tested. I came out with almost double the amount of lead and triple the amount of mercury that is the average. I thought well, it won't do any harm to see if I can get that out of my system and see if it makes a difference.

So far I have had seven treatments every two weeks. It really hasn't reduced the levels much. I am told one may need to have as many as 30 sessions before you get results. I am going to give it a whirl. It can't harm me and it might be helpful.

I know at least one person who has gone through all that and reduced the levels and apparently did not have any impact on their Parkinson's. We seem to all be different and you never know. If there is a chance I will take a shot at it.

When you say they tested you for lead and mercury, was this with saliva or blood or hair samples or …? How did the test actually work?

It is a urine test. They give you something that causes the minerals to come out of your tissues and end up in your urine. That gives them an indication of how much you have in your tissues.

Can you explain a bit about what the treatments are like? Do they give you IV's or shots? What happens?

There are other alternatives, but the most effective apparently is an intravenous load of good minerals. Then they follow that with a push, an injection, that causes your tissues to give up the minerals and they come out through your urine. The idea is that you supplement yourself with the good minerals that you need. Then what comes out will mostly be the bad guys, the mercury and the heavy metals.

So you basically get injections when you go for the treatments?

That is correct.

Many believe once you begin to have the symptoms of Parkinson's you are always going to get worse and feel worse. From what you have described it sounds like that really has not happened for you. Is that right?

I think that is true, yes. After I started the Mucuna with the Carbidopa I measured my overall speed and it improved. For instance, my times and speeds were as good as they were 2 or 3 years ago on both the exercise bike and the ellipticals.

How long have you had Parkinson's?

I was diagnosed almost four years ago in November, 2004. I realize in retrospect that one or two years before that I had what I now realize were symptoms, not to mention the difficult problems with the sense of smell which probably started 30 years ago. I attributed that to allergies but obviously it was more than that.

Is there any modality or therapy or approach that you regret trying?

No. I can't say that.

What would you say to people who are newly diagnosed with the symptoms of Parkinson's?

I think it is most important not to act as if you have a disease. In other words, continue to do all the activities that you enjoy or want to do or have to do
even if you are:

- *a little slower.*
- *not as good at it.*

I used to play a little golf – I never was good and I am worse now – but I just keep doing it. Just keep *living a normal life. That will help you both physically and emotionally. I think the emotional part is real important. Attitudes come from that. It reinforces the idea that you are normal. Just keep being normal.*

Is there anything we haven't talked about that you want to make sure and mention?

Again, we are all different. Keep being normal and keep active.

You know other people with the symptoms of Parkinson's. Are you saying everyone is different and people respond to different therapies?

Correct.

For you, it is a question of exploring, experimenting and finding what really works for you?

Yes, again. You are in control too. The people I see doing the most poorly are those that just put themselves in the hands of their physician and say it is up to the doctor to give them some drug that is going to make them better. If it doesn't work, then that is it. They just go downhill.

I think it is important to maintain control in your life and of your treatment

You describe a very disciplined exercise program. How do you stick with it?

You have to be obsessive compulsive I guess. I don't know. I think you do what is important to you and what seems to work. It has always been important to me to be active.

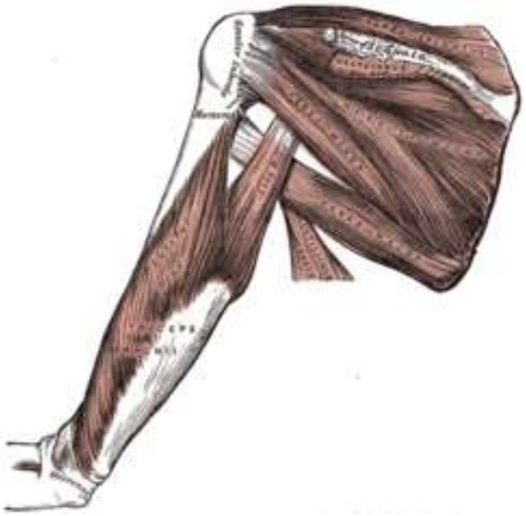
I would say, incidentally, in terms of all the weights and all of that – I can do as much as I could ever do. I haven't lost any strength in my legs. I have actually been working more on my upper body over the years since

I have had rotator cuff problems. I am doing more with my arms. I have more upper body strength than I had 40 years ago probably.

How much weight do you lift now?

I don't do the standard weight lifting like in the Olympics. The weights (both hand weights and machine) vary by exercise. My range is 5-80 pounds for arms, 80 pounds for back, and up to 210 pounds for legs.

Is this your own individually created exercise routine or did you take a lot of what you do from a book or a program?



A lot of the exercises I do – I mentioned the rotator cuff problem – were through a physical therapist who suggested them to offset the impact of the deterioration in the muscles of the shoulders. I had an assessment of my whole routine by the head of physical therapy at the med school. She made some suggestions which were helpful.

I also had a consultation with a physical fitness person at our club. She was supportive but she had no experience with Parkinson's and was hesitant to make any suggestions of any sort.

I think the important thing is to just exercise every part of your body. Then do stretching and relaxing afterwards.

Sometimes in one situation or another you get tense. The tremor is worse and all that type of thing. I think most people have found if you find a way to relax yourself – like meditating or having someone give you a massage. For me it is lying flat on the floor or on the bed Spreadeagle. I can relax and the tremor stops. I can feel great in a couple of minutes. That is important for someone who has trouble sleeping. Fortunately, I have not had trouble sleeping. I have always been someone who could physically relax rather readily.

When tension comes up what happens when you choose to exercise rather than relax? Do the symptoms get better when you exercise?

Yes. That is true too, although I don't usually go to exercise because of feeling up tight. Oh – I shouldn't say that/ sometimes if there is a day I am not scheduled to exercise and I am feeling that way, I go for a walk and feel much better.

When you are not feeling well and having a bad day is it a challenge for you to do whatever exercise you planned for that day or is it an encouragement?

Usually I find it is better to go ahead and do what you are scheduled to do regardless, including exercise. Many, many days I really do not feel like doing it. Once I get started I feel better.

Basically, you always follow the schedule?

I would say this. You know when you are not feeling good for one reason or another. Maybe an occasional time I did not get a good night sleep or stayed up too late the night before. I might take a modified exercise routine. I might not exercise quite as much. Instead of doing 30 minutes of aerobic I will do only 20 minutes. Or maybe I will only do two thirds of the repetitions on the routines. That doesn't hurt anything.

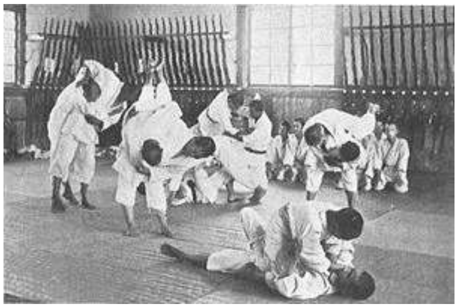
Over the many days you do your exercise routine it sounds like you typically notice you feel better afterward than you felt before?

Oh definitely. Yes.

Stan

We are all interested to know what you've tried, what's worked and what hasn't worked. Could you talk a bit about what your experience has been?

Well, I've been recently diagnosed with Parkinsons, December of 2007 and so I suppose you could say that I'm still a new comer to Parkinsons.

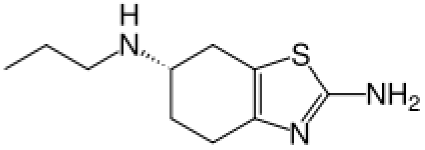


I had had quite a background in Martial Arts, a black belt in Karate and Jujitsu both and I've been a member of US teams on various occasions traveling internationally. I had a fair amount of training in meditation and in some of the healing arts. So, I was *oriented toward a slightly different approach to dealing with Parkinsons and coping with it mentally myself. I have been trying to adapt meditative techniques to help me when I have an off day with Parkinsons.*

What is it exactly that seems to help?

It's being able to clear my brain - what's left of it - and literally drop away from the pain and discomfort and twitching and quivering sensations. With me - my case of Parkinsons –I have what's probably going to be termed Central Pain. So I have a fair amount of pain that comes and goes, comes and goes. Just being able to distract myself and pay no attention to it whatsoever is very helpful.

Are you currently taking a regimen of supplements and prescription medications to help the pain and the symptoms out?



Yes. I'm taking Cymbalta for pain. It's an off label use of a common anti-depressant and I'm taking Mirapex for the Parkinsons itself at 1.5 mg three times a day. And, of course I'm taking some fairly heavy-duty vitamins and minerals, just kind of general kinds of things to help maintain my body as best I can.

When you talk about meditation could you possibly say a little more about specifically what type of meditative approach works best for you?

For me a very Zen kind of approach helps. What I do is a very simple kind of breathing control ritual to control the breath and to use the breath to control the mind.

I focus deep down in my abdomen and try to breathe through to the tanden point trying to inflate my lower abdomen with every breath. And I'll count on the inhale, one…two…three…four. And then I'll hold for a count of four, hold my breath and then I'll exhale for one…two…three…four.

A lot of people will do that with a meditative word, a ritualistic word, a mantra in other words, or a prayer; if they are devoted Christians, a holy word of some kind. I prefer just counting out one…two…three…four. I find after doing that for a little while I don't have to count anymore. Breathing becomes automatic. You take deep, deep breaths…hold and exhale very slowly and it's very calming.

Do you typically set a time aside to do this for five, ten or fifteen minutes, or is it the kind of thing that you do standing in the grocery store line?

It's the kind of thing I do as needed. When my stress level goes up. When the pain goes up. Then I'll respond as needed.

Do you notice when you do this meditative technique that there is a relief in symptoms?

Yes. I'm no longer focused on pain and my shaking diminishes. For whatever reason that might be true, it seems to diminish.

What other approaches or natural therapy do you use that you find gives you relief of your symptoms?

Something very very similar and we learned this from a local Lutheran Church. Meditative Prayer, Centering Prayer is what they call it. It involves both Zazen (seated, silent meditation)and Dozen (moving meditation) and keeping your mind blank and lets you experience the presence of God nearby and touching you. Those and Walking Meditation, meditation in motion these are very helpful as well and perhaps a little more acceptable to many traditional Christians than the Oriental style of meditation.

If people wanted to learn more about all that would they just google something like Centering Prayer?

Centering Prayer. Yes. And they'll find that discussed by Thomas Merton, the Catholic Monk has been one of the major leaders in the Centering Prayer movement. There is a fair amount of it that is Catholic and a fair amount that is Lutheran as well as from other "mainline" Churches.

Are there any dietary concerns that you have or that you would tend to that you would like other people to know about that seem to make a difference?

I have to watch my fluid intake and keep my fluid intake up. Sometimes I forget to drink and then the symptoms get worse *so I have to keep myself constantly hydrated, which seems to help me with my particular set of symptoms and conditions.*

One thing that I've learned in the short time I've been ill with Parkinsons is that everyone is different. Everyone responds to the disease differently. There seem to be individualized symptoms and perhaps individualized techniques in meditation or activities that will help counteract the symptoms.

Robert: That sure is what we're discovering. Different people have different approaches that seem to really make a difference.

So what about exercise? Do you notice any connection between activity, exercise and feeling better?

Yes. I walk an awful lot. I'm no longer able to do Karate or Jujitsu. I can't stand to have somebody drop me on my head three or four times, or get into a punching/kicking match; I get dizzy very easily now and so I walk a lot to compensate.

When I walk I try to exercise and to flex all my joints as much as possible. Flex my arms, my wrists, my fingers. I'll make faces, I'll speak out loud with facial expressions to stretch the facial muscles and get the throat muscles loosened up because it all seems to help different areas.

I've recently adapted the Karate "BO" staff to a walking stick/exercise stick—I'll use it to stretch my arm muscles and joints, exercise my wrists, hands and fingers by spinning it, "curling" it up and down, clenching it, unclenching it, tossing it from hand-to hand, and so forth.

I've added rubber "feet' to both ends, so that there isn't a plain wooden staff end, any more—my "BO" uses 7/8" rubber feet, available in hardware *stores; others might use 3/4" or 1" sizes. The "feet" help to grip the ground surface better than the plain wooden end did.*

Your walks are typically 15, 20, 30 minutes or longer?

Typically a mile or more. A little up hill a little downhill through the neighborhoods. I make circular walks. I'll stop and chat with somebody from time to time if they're not too horrified by seeing a person walking along, waving his arms in the air, whirling a quarterstaff around ,and making faces at them while simultaneously chanting to an unseen entity or another.

You are walking around the neighborhood and you are grimacing and making noises and sometimes people might note that something interesting is happening but I guess people don't take much notice one way or another?

No. People tend to mind their own business. And I'll do this during the daytime when a lot of people are at work or otherwise they're at home watching TV or whatever. And I'm out there walking by the front window and they really don't seem to pay a whole lot of attention to me or what I'm doing.

Are there any sounds in particular that you make that seem to be particularly helpful?

Vowel sounds, a-e-i-o u because they open the breathing passages and they open the mouth wide into a nice oval. So I'll say "AAA-EEE-III-OOO-UUUUUU. [Laughter]

Have you ever been a singer in you life?

I used to play the guitar a lot. I very seldom play it anymore. That's one of my major complaints is musical dystonia. I find it very difficult to play a *musical instrument now and keep it synchronized. That's another common complaint with Parkinsons, incidentally.*

The singing is a problem for me because of partial throat paralysis. My wife just commented, "You certainly sing in Church." If I'm relaxed and able to sing along with others it's easier for me to sing accompaniment than solo.

Getting a group together would be a good idea I think. Sing well known songs…with facial expressions and hand gestures.

You mentioned the incredible experience you've had in karate and as I understand it you're saying that you're not active in that anymore because it does not help relieve symptoms. Do I understand that correctly?

That is pretty correct. I'm less able to exercise in that form. I need to find a softer form of the martial arts, perhaps Tai Chi, to exercise in because the Karate is such a hard exercise and to do it at any speed at all is rather punishing and at the same time I lose my balance very easily. So if I spin around doing a kata, I'm very apt to get dizzy and fall, which is a bad scene. Again that's common with people with Parkinson's.

What would you want to say to someone who has just heard the news that they have Parkinsons?

Well, I'd want to tell them that first of all, Parkinsons is not in itself fatal. They do not have a fatal disease. They have a disease that might dis-accommodate them. Might make them feel uncomfortable. Might make them feel some pain.

There is hope to cope with all of this by getting your mindset and learning to just numb yourself out to the interference of Parkinsons and see what you can do to cope with it yourself. Does that make any sense?

Robert: Sure does.

Is there anything we haven't talked about that we need to be sure and talk about?

Boy, I can't think of anything of the top of my pointed head. I've gone from someone who has been exceedingly physically active, including international competition, to being somebody who's been inactive.

It's been a shock. I've just had to come up with my own coping mechanisms to deal with that shock. And everyone has to come up with their own coping mechanisms and try to cope with their particular symptoms in their own way.

Over the course of the period that you have had the symptoms, it sounds like what you have been able to do is to find a number of ways to get relief as those symptoms begin to flare up.

Right. I've been to every MD within a fifty square mile area and haven't had a whole lot of relief. Other than the one that prescribed me the Cymbalta for pain and the one who finally caught on that I did have Parkinson's and not just plain Parkinsonism and so I needed to go on real Parkinson's medication.

So that's helped and a lot of the other therapies that you've created for yourself are also a huge help in terms of being able to feel better?

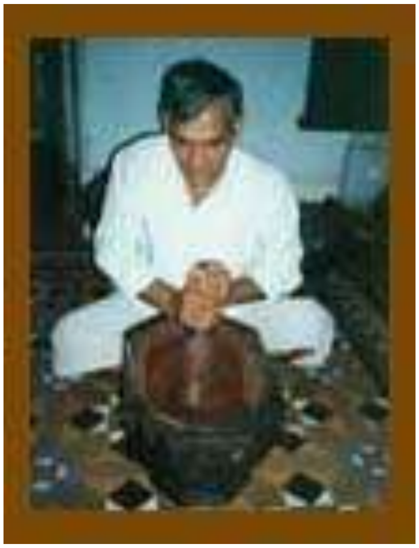
Absolutely. And again, I'd emphasize that everyone is unique and what I do might not work for somebody else and what they do might not work for me. And if there is a Parkinson's support group in the area, they need to compare notes…

Robert: That's a great idea.

Stan: … and find out what works.

Robert: Find out what other people are doing and maybe do some experimentation to see what might work for them?

Stan: Right.



Mary

What you have been doing to get relief from your symptoms?

I was prompted to contact you because I read about Mucuna and the herbs someone had used that you talked about on your website. I use those as well. I had a friend bring them back from India and I got no results.

Now I'm working with an Ayurvedic Doctor out of India who tells me the reason they don't work that well is because… it watered down … it's not as powerful. He grows his own herbs. His name is Dr. Paneri. I've been on his herbs for six months. It's an Ayurvedic Program. He brought to my house a guy that he cured in the 90's. His name is Nathan Zakhelm.

Dr. Paneri's website is www.drpaneri.com. He is a fifth generation Ayurvedic Doctor. He grows all his own herbs and he's got like a thousand people. Last week when I talked to him he had put somebody on the phone from New

Zealand who has been on his herbs for two years and is totally symptom free.

Robert: Who had Parkinsons?

Mary: Yes. And he's got several clients all over the world in Dubai and Kuwait. Apparently he's got like a thousand Parkinsons patients. And he's dedicated his whole career just to Parkinson's.

I think rather than just trying the Mucuna it's better to go on a whole regime. Now I'm not totally cured. I think I'm walking better. First he said balance would come back. It comes and goes. But I would say that overall I'm doing better, although yesterday wasn't a great day … I think it's worth looking at his website and talking to him, having a conversation.

He's brought this guy three times to my house now who is totally symptom free.

Robert: Somebody who lives in your area?

Mary: Yeah, he lives in Hollywood.

Robert: Dr. Paneri is physically located in India. So when you talk to him, he is in India and you're here in the United States?

Mary: Yeah. He came to my house in LA once. I communicated with him on email and then I get a call on Saturday morning,

"I'm here, I'm in Hollywood."

I wanted to meet him before I went on the herbs. Now there are a few people who are on the herbs who just deal with him on the phone.

How do you actually purchase and acquire the herbs? They are sent from India to you? How do you get them?

You send him a money order and them he sends the herbs.

You've been on this program for how long?

Six months.

It's more than just Mucuna it sounds like. There are other herbs as well that you take?

Yeah, there are many herbs. You take some in the morning and before and after meals and some in the evening. So it's an all day thing.

So, different packages of herbs, basically that's what you're doing?

Yeah. Different packages. And it runs about $100.00 a month which is reasonable. Dr.Paneri is a doctor who says I can cure Parkinsons so I opted to go with the ayurvedic herbs

I'm taking a product that you should make your readers aware of because it's a great product. It's called Readisorb. It's Glutathione that is taken orally.

Dr. Guilford of Palo Alto has created this product.. It's a way to go directly to the cell. To get the glutathione and that stuff works amazing. I take a drink of that and like, yesterday, I couldn't get out of bed and my caregiver brought me that and I was up baking cookies in about 20 minutes. That stuff is really great. So it's glutathione that can…I don't know technically how to say it, but it goes through the liposomes through the cells.

Robert: What is the name of the product exactly again?

Mary: Lipoceuticals more info @gshnow.com

Robert: How long have you had Parkinsons?

Mary: I was diagnosed in September of 2000.

You've been trying quite a few a few therapies?

Oh! I've been to so many acupuncturists and craniosacral and the chiropractors and I mean, you name it, I've done it, and it gets exhausting.

Could you say more about that? What about craniosacral work?

Craniosacral is excellent. A couple of times when I've had craniosacral – twice - I got up off the table and walked completely symptom free for like a day and a half. And I've had many, many different craniosacral therapists.

I think Upledger is the best. I'm getting acupuncture now and a Chiropractor who says she does craniosacral, but it's not the same as the Upledger. Something about the Upledger. I worked with a woman out of New York who was in Palm Springs at the time. It was like, I need to find somebody here and do it every week.

You've done so many therapies and tried so many things. Some of them haven't helped and some of them have. Are you getting better?

I think so. I mean, I think so. Some days I can hop in and out of the car and I'm doing great and then the next time I go to get out of the back seat, I *can't get out. Some days I do much better and then other days I do not. It's like, oh no, not this. I think that the herbal doctor is best for me.*

So you have tried a lot of the prescription medications and they don't work for you?

All of them. Yes.

In your case it sounds like that Sinemet wasn't working for you?

I was on it for about a year.

My problem is freezing and being stiff. And I was being more freezing and more stiff and more falling down, than on the herbal stuff. So I don't think I've gotten any worse over the last couple of years.

Robert: And it sounds like a little better.

Mary: Yeah, I think a little better. I mean, my memory is excellent. Because my handwriting is illegible, I memorize all my phone numbers. I memorize all my appointments. I write nothing down. My mind remembers all those so that's good.

I mean, Nathan Zakhelm had so much shaking. He was in court and the Judge asked him to leave because he was shaking too much. And he said. "No, I have Parkinsons." And now he's totally fine. He couldn't even sit down before. And he was on the herbs for only seven months.

Is there anything that you would want to be sure and say to a person who is just been diagnosed with Parkinsons?

Start your alternative therapies early. Everyone says "I wish you had come to me five years ago." And I was like – well, I was in another office.

I would definitely try this Glutathione right away. Now you could call Dr. Guilford at Your Energy Systems and they will tell you about experiences they've had with people with Autism and Attention Deficit Disorder (ADD) and it's also an anti-oxidant glutathione.

Is there anything else you wanted to be sure and talk about that we haven't talked about?

Swimming and exercising makes me feel great. After I take the glutathione I can walk. I'll go through weeks where I walk everyday at the park and I swim and then I'll go through a week where I do nothing.

I read on your site, I think it was one of your newsletters, that tandem bicycling was great for the Parkinsons patients. So we go to the park almost every day and rent one of those side by side tandems and my caregiver drives it and I pedal along and I walk much better after that.

Robert: And so that's something you try to do regularly then?

Mary: I do that everyday that I can. Even though many times we go down to the beach and rent the three-wheelers. The three-wheelers are also helpful.

About how much time everyday or every week do you spend on your exercise program?

Like and hour a day. I had a yoga person tell me that yoga helps also.

You definitely notice a difference? When you exercise you feel better and when you don't exercise you feel worse?

Exactly. Definitely. And I think the hypobaric is great.

Nathan

Tell us who you are and what your story is in terms of having had Parkinsons and being able to recover.

My name is Nathan Zakheim. I was born in California in a rural atmosphere. I'm 64 years old or I've passed 64 years so far.

I got Parkinsons somewhere in the range of like... it started around 1980. It was what they call Pre-Parkinsons symptoms. They said one of the reasons why Parkinsons has at least perhaps been hard to diagnose is that the Pre-Parkinsons symptoms are often misinterpreted as this, that and the other thing.

That was of course in my case too. They sent me here and they sent me there for neurology and psychology and this and that. But I didn't have any you know clear signs. After a while the shaking told it all.

From 1980 to 1985 I was developing Parkinsons. After 1985 I began to shake very violently for the next couple of years.

Unable to sleep, I mean it completely ruined my life. My business was finished. Everything was finished. I just couldn't do anything. I think I was around 40 at that time. I was born in 1943.

What happened is that I inadvertently was on my way to India for unrelated reasons…partly preparing me to die because I realized it was getting worse beyond imagination. I didn't know if I could go further.

So, I was getting ready to go to India and someone serendipitously handed me a business card and said,

> *"Go to this man. He can cure you."*

I didn't think much of it, but I did go to India and spent some time there. It was a very difficult experience.

Then at the very end of my trip a card fell out of my passport where I'd stuffed it and I decided at the last moment to visit Dr. Mukesh Paneri.

I went down by train to Ahmedabad, Gujarat India, which is excruciatingly difficult because I couldn't sit still for a moment. On this eighteen-hour train ride I was walking back and forth with all my luggage at least a hundred, two hundred, three hundred, four hundred steps at a time. So it was just almost unbelievable.

Anyhow, I got there and saw him. He looked at me and said,

> *"Oh, you have Parkinsons Disease."*

He was 35 years old at the time. He just giggled and said,

> *"Oh, this is not curable in the West."*

I said Okay. On the inside I was saying, tell me something I don't know okay? I was very bitter at that time because of the disease.

Then he said, "But my medicine can cure you." He looked at me archly with a big smile on his face. So I said to myself, oh my goodness, he can cure me. I didn't think anything of that either. So, I bought some medicine.

I then traveled up through Singapore and then Tokyo. I didn't take the medicine. It was just agonizing. I was meeting all these celebrities and stuff like that and I was just totally non-functional.

What happened is that I came back to Los Angeles. I was supposed to take Ginger Juice, so I got a coffee grinder and I used that for grinding ginger and squeezing it through a cloth. I had a jar of honey. I had a briefcase dedicated to all of this of Honey, coffee grinder and mortar and pestle from Mucuna Medicine and other medicines that I had to take with milk and stuff like that. That was back then in the 80's. Late 1986.

So he gave you different pouches of herbs to bring back? Is that what you actually physically carried back with you?

I carried back little packets of medicine.

Robert: With instructions on how to take them and when to take them?

Nathan: Oh yes. Yes. The medicine was easy. Just mix it with honey and lick it up.

The ginger juice was a little more difficult. I ground up the ginger and squeezed it through a nylon cloth. It works fine.

There are some other silver-coated pills and other stuff like that. I managed it very well.

I was very strict with the diet he gave me. I was not allowed to eat any potatoes, tomatoes, okra, eggplant and stuff like that.

Robert: You were not able to eat those?

Nathan: Unable to. So really to eat no green peas. I was really way down the list in terms of things I could eat.

So I just basically ate mung beans, rice, vegetables, beans and spices. I ate that for two years.

The effect was good. I began to show symptoms of improvement very very soon after taking the medications.

Robert: Meaning a day, two weeks?

Nathan: Oh, no, no, no. Weeks. After about a year most of the symptoms had reduced. Then close to two years, less than two years, the symptoms were completely gone and I stopped taking the medicine.

I've had no reoccurrence from that time onward. I've been free from Parkinsons since 1988. So it's been like twenty years.

During this period of time were you doing other things other than the diet and the herbs to be able to get some relief from your symptoms?

Well, I never took any of the doctor medicines; Sinemet or anything like that. I completely avoided taking that. I don't even take aspirin if I can help it. I didn't take any medication.

The diet was there and the medicine was there. I was not allowed to drink alcohol or take any drugs, not that I was doing that anyhow, or other medications. I was on a very strict vegetarian diet.

Some people are reporting that exercise has been helping them. Were you doing that during this period of time too?

Well I didn't go to the gym but I'm a very, very active person.

Robert: So you were on the move all the time anyway?

Nathan: Oh yeah. I'm always on the move. I was 40 years old and I was strong as a bull. I was rushing around doing stuff as much as I could but with the Parkinsons I really became diminished.

You mentioned that a lot of the work that you were doing was challenging. After you were able to recover, were you able to go back full steam into doing work and other kind of activities?

Well I did eventually, yeah. But I was actually on Social Security Insurance for quite a few years. Several years. I really had not money.

Then around 1989 or 1990, it took me a long time to bring my career back up; partly because I lost contacts and partly because I wasn't in the habit of working anymore and a whole bunch of reasons. But in the end, I not only got my career back but I was doing much better than I had been before.

Back in the 1980's I was making something like a hundred thousand a year... you know, I wasn't very ambitious in my field. I would open up in areas, which were surprisingly lucrative for my field, which is art restoration.

I was making like $150,000.00 a year back in 1980, which was worth more than it is now for sure. Then after 1990 I was four, five, six times that amount. It was really quite amazing.

What would you say to somebody who has just been diagnosed with Parkinsons?

First and most significant thing I would say to someone with Parkinsons is - get the Ayurvedic from Dr. Paneri who has a thousand people under treatment and has cured close to a hundred of them I believe. Cured, meaning cured, final cured. How many people? In various degrees of improvement everyone is improving.

Now there are often people who didn't improve from the medicine that turned out. One fellow that used to be at the Hilton, Hawaii, at Hilton Village in Oahu, is a band leader. I talked to Dr. Paneri about this. He stayed for weeks. They paid for it and we couldn't figure out why the guy didn't get better.

It turned out he was smoking pot, going out getting drunk and visiting hookers. I didn't know whether to slap him on the wrist or congratulate him. Anyway, he didn't get better. I don't know if he ever got better or if he continued the medicine but he died recently from a lot of other problems that he had.

Are you in contact with or do you know many other people whose story is similar to yours? People who had Parkinson and have been able to get relief from their symptoms?

I really don't. Because people call me and I presume they get better eventually. But they seldom call me back saying; oh I'm cured now.

Dr. Paneri is the person to talk to about that because he knows all the people he has cured. I might say he may not also, I think for the same reason. That people get cured and they don't bother to call back.

Robert: Right. They are better so that's the end of the story.

Do you have a website or is there a way that you would like to open up the possibility of people connecting or having more conversations with you?

To tell you the honest truth, I'm just a few months away from going to Yagen. My wife and I just spent three months in India. We're going to go to India. We're planning to open up a thirty million-dollar world Parkinson's center there. World Parkinsons Center.

It's going to be a treatment area. What we have imagined it to be. It'll be a place which…not a hospital or a clinic. Parkinson's is a long time cure. You don't really need a clinic or a hospital.

We're going to create a resort. Sixteen acres of landscapes with swimming pools, horses and everything you might want. Two hundred cows for milk. This is going to be a gorgeous five-story environment for people to go and essentially have a life style change.

I didn't go to any resort or any clinic. I went to the doctor. Do you know how long it took for me to get my treatments from Dr. Paneri?

Robert: No.

Nathan: Two hours! Can you imagine? I went all the way from America.

Took a hellish train ride Ahmedabad, walked in the door. He took my pulse, looked in my eyes looked at my tongue handed me the medicine, I handed him the money.

I went back to America and I didn't see him again till I was completely cured. I kept sending him money and he kept sending me the medicine. So I didn't need a Parkinson's Center.

The whole problem is that in the last twenty years he should have cured millions. But he's only cured, you know, a few. Why? Because people either don't know about it, don't trust it, don't know much… Ayurvedic is becoming much more prominent now but back then, nobody even knew how to pronounce it.

Robert: Right.

Nathan: Deepak Chopra had not seen this. So the idea of the center is, people can go there and what they're really going to get as you put it, exercise. They're going to have exercise regimens and physical therapy.

They're also going to have Ayurvedic massage with all sorts of herbal based oils with very, very highly skilled Ayurvedic Masseurs.

Parkinson's produces tension. Parkinsons produces all the shaking, fatigue and stuff like that. I was continuously fatigued because my body was shaking 24-7 you know.

We're going to provide relief in the form of the spa, besides it'll be fun, you know. People can go there and get really great massages. What will happen then is that they will go on a lifestyle change.

Each one will be prescribed their own diet. There will be apple computers all over the place. Everyone will have a little card and on that card will be a bar *code and you scan the bar code and he goes to the snack bar and says give me this and the guy says, well you can have this but you can't have that.*

We're going to have a lot of interactive activity between the United States and India too. So when people do go back they will be constantly able to deliver their symptoms, deliver their conditions, deliver their reactions and have prompts coming to them by email to them from India. When they're supposed to be checking in, meaning how are you feeling? How is your pulse? How is your blood pressure? And stuff like that.

We have even gone so far as to think that part of this lifestyle change would involve us hiring RN's in India and training them and sending them across to the United States so that they can empty out the liquor cabinet into the trash bin and give the deep freeze a decent burial and do all that stuff to clean up the home and set it up for the diet that they have been prescribed at the center. Plus all of the things they should be eating, like juices for juice.

In other words the RN would come in and just do a makeover of their lifestyle so that they don't have to struggle with it themselves and they would actually just be done. They would pay a couple grand a month or something for the RN to be there for three months. And then the RN goes back and the people hopefully fly on their own after that.

Robert: That's a great idea.

Nathan: And it's really the lifestyle change will make the cure very much faster. Every time there has been a slow difficult, cure with a lot of complaints about the treatment or the medicine it turns out they're pulling some nonsense behind their back.

Robert: Right. Just like you explained earlier?

Nathan: It's a pretty strict thing but as far as I was concerned.

You know that Jack Benny skit. A guy pulls out a gun, in the striped shirt and mask you know. He pulls out a gun and "YOU MONEY OR YOUR LIFE!"

He screams at him, you know. And he doesn't say anything; he keeps rolling his eyes and shuffling from one foot to the other. And he says, "Didn't you hear me? Your money or your life!" He keeps going.

Finally Jack Benny says, "Yeah, I heard you, I'm thinking, I'm thinking." He didn't know if he'd rather have his money or his life.

Robert: Great.

Nathan: So that's what the choice really is. Your money or your life. People can pay the money and get the medicine, get cured, or they can die.

Robert: That's the choice. That's the bottom line.

Your new clinic will be physically located in India?

We have one location picked out with eighty acres of land. A guy is coming in as an investor. I don't know what the status is exactly because I haven't been there in a couple of months but he was looking at his eighty prime acres in Ahmedabad, India, which is on the West Coast of India. Bringing the eighty acres is his contribution because then that would be his investment instead of putting in cash.

Other people are coming in with other types of things too.

So it's really being built now and is the plan to have this up and running in a couple of years? What's the goal?

Well, I think that our goal is to have it running inside of three years.

Robert: That's wonderful news.

Nathan: Once it's there we're going to make it very, very available. People can come and we'll have beautiful rooms. All sorts of handmade fabrics for the bedding and stuff like that.

It's not like it's going to be this hospital but it will have hand woven sheets and beautiful coverings and sculpture. First class art. All the bells and whistles you would imagine in a five star hotel and many, many, more as well.

If people want to keep appraised of the progress of the development of this clinic, how would they be able to do that? Is there a way of being to get this information from you?

Absolutely. Anyone can call me. But the thing is what we are going to be doing for the next two months is beginning to construct a website. Whether we have architectural renderings of the tentative plans that we have right now and really getting feedback from people as to how interested they actually would be in going to such a facility.

Before we build it, we have a lot of flexibility and I just think it would be really great to get people to have input into the facility because we may end up designing it based on what people think.

Robert: That's a wonderful idea.

Do you want to give your phone number of how people could call you if they wanted to do that?

Nathan: Sure. (213) 840-9130.

In going through the disease relief is not where we're headed. We're talking about cure even so. I personally would not find much use for myself to be involved in this project if I was not absolutely certain that at least 75% or even 50% of the people would enjoy a full complete recovery without future symptoms.

Could you summarize for people, from just your own experience and observations of others, what is it that happens to others who do not recover, who are not able to feel better?

Oh, well Dr. Paneri says 100%. I'm just saying what I'd be satisfied with. Okay (asking a person with Parkinson's listening to the conversation) what would you say would be the degree on a scale of 1-10. 10 being where you started from…

Anonymous Female: On some days it's an 8 or a 9 and some days it's like a 4 or a 5.

Nathan: Right. So you see. So she is still in the process of being cured.

Anonymous Female: I'm not as vigilant on the diet as you were Nathan either; I tend to have a martini now and then.

You've also described in terms of your own recovery. It is not exactly a smooth ride up. Are there some rocky spots on the path to recovery?

I haven't experienced anything like that. For me, my rocky spots were before I started taking the medicine. After I started taking the medicine, I felt steady cure until I was cured.

It's sort of hard to evaluate it because I was living alone and I didn't really have any way to measure what was happening to me. With Dr. Paneri treatment, the treatment should really not take more than three years for a complete cure. What goes wrong in the body? Why does the body start parking it?

Robert: Well, what I've come to the conclusion is it varies depending on the person. So there are different primal causes that are going to generate the symptoms but that one of the primary underlying issues that looks like is at play for many people winds up begin significant stress and trauma in their lives.

Nathan: Well that certainly can do it.

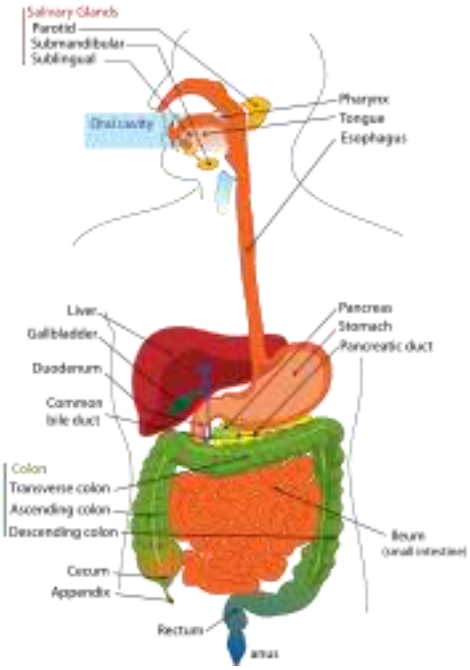
Nathan: Why does a person start shaking?

Robert: It's probably in large part due to an overload of all those hormones that create the intensity in a person. So adrenaline and cortisol and all the related other hormones.

Nathan: That could well be the case. But would you like to know what the Ayurvedic profession says on the topic?

Robert: Oh, Yes. Yes I want to document all of that.

Nathan: He is saying that it not a problem of the head it's with the digestion.



Robert: That's what we've begun thinking too. The nutrients aren't being digested, as they should be.

Nathan: Yeah and what occurs is, the body produces toxins instead of nutrients.

What you have to do is help the body detox?

Well, yes. But the Ayurvedic system of doing that is to support the organ that does the proper work in the first place. So like when a person is ill their breath can become sort of foul. But that's not the case when they're healthy.

Similarly, what we're talking about here is that some organ is not producing healthy elements that are supposed to be transferred to the brain. In this case gaseous elements that are meant to go to the brain and enable the center of the brain. It's supposed to be filled with nutritious beneficial gasses.

Those gases can become polluted due to stress or injury or the thing you've been looking at. The organ producing them will produce contaminated substances which then go on to cause a great deal of difficulty in the form of shaking because the corrosive material starts eating away at the part of the brain that produces movement and starts creating involuntary ones.

Robert: That makes good sense.

Nathan: Yeah. Most doctors would not agree that the problem is in the stomach. Ayurvedicly speaking, all diseases come from the stomach.

That's the thing. Dr. Paneri is not just the Doctor that went to school. He is from a six hundred-year-old dynasty of Ayurvedic doctors from Rajsthan Six hundred years ago they were given a large stretch of land in which they grew herbs for the king in appreciation of services rendered. So we're talking a lot of knowledge and a lot of medicine.

They didn't learn to make the medicine from a book but this is a family recipe as it were. It cannot be duplicated per in the ordinary sense of the word. You can't just go to any Ayurvedic and say,

> *"Hey, he's curing Parkinsons. Can you?"*

Maybe they can. Maybe they can't.

People come to Dr. Paneri who have seen other Ayurvedic doctors and they get some relief but they didn't get any cure. When they came to Dr. Paneri they got cured.

He also is a very proactive creative, almost Edison like doctor. He doesn't just go by rote. He actually invents the medicines too. Invent means recombining things that are known in a way that can be utilized in a new way. So, that's the basis.

The basis of our Parkinsons Center is really Dr. Paneri, not an abstract concept of Ayurveda where people can go to Ayurvedic so they will be competent at Ayurveda. What we're really doing is sequestering and protecting the medicine.

We are going to create the medicines, create the formula for the medicine and manufacture the medicine. It's going to be manufactured in large quantities you know.

But using only the Ayurveda herbs. We will be taking on stockholders in a private stock company but no one will be able to control the company except Dr. Paneri. They will still invest in it but they won't have people to say we're going to use cheaper herbs or something like that. It has to be done right.

When the herbs are set up and knowledge is there, the diagnostic tools are there, then after Dr. Paneri is no longer with us, this process can continue because there will be the formula for the medications and the diagnosis and the treatment. Of course with Parkinson's the diagnosis is not difficult. If someone is shaking you know what's going on.

Another patient of his had some difficulty with her digestion. Dr Paneri helped her adjust the medicines. This is going to be always the situation. People require some adjustments to go on.

Carl

Could you first say just a little bit about the unique and special support group that you have established in Portland?

Prior to that time, we were going to what I would call a more traditional support group. While they were wonderful people in the group, basically much of the meeting dwelled on the issue of the side effects of drugs these people were taking and a lot of complaints about how imperfect traditional medical approaches were with regard to treating Parkinson's.

At that time I was not taking any drugs, so I think I was the only person in the group at that time that wasn't, or maybe there was one other person. I just told my wife,

> *"They're nice people but my interest was looking at other, more natural approaches to see if there's anything out there in the universe that could help Parkinsons."*

So we started this group and we've been in existence, well, four years now. We've had typically, we have speakers, almost at every meeting but occasionally we share-the whole meeting is sharing- what's going on with *ourselves. So we run the gamut, I mean you name it, we've had speakers talking about everything from acupuncture to craniosacral, to some people from Olympia talking about "Energy Work".*

We've had Naturopaths, Homeopaths, Chiropractors; I mean it's really been quite a wide range of speakers. I would say that the feedback that I've got from members of the group is good. They really appreciated being exposed to all these other possibilities.

It's not to say that everybody in the group has followed all these modalities of healing but I think there's a degree of appreciation in the fact that at least they're aware that there are options out there beyond just taking Sinemet

Many people who attend the group are interested, like you, in finding other approaches to feel better?

I would say the group is divided into two categories. One group has an intellectual interest in this subject but has been quite conservative about applying these different modalities. Then there is the other group who wants to dive in and try it all.

Robert: Which of the two categories would you say you fall into?

Carl: I think probably the last.

Could you talk some about your Parkinsons and what that has been all about for you?

Well, let me give you a little history. In late 2000 to early 2001 I started to notice a pain in my knee, my right knee. It was mostly while I was driving long distances. I take trips to

Seattle. I just noticed that by the time I arrived in Seattle, the pain was just unbearable.

I noticed that it would also occur when I was sitting for long periods of time at my desk or attending some kind of theatrical performance. Then I noticed it started to radiate up my right leg to my buttocks at times.

That triggered the first visit to an Orthopedic Specialist who took X-rays of the spine and knee and could not find anything or any problem. The Orthopedic Specialist suggested that I do a series of at home exercises.

The exercises gave me very little relief. The pain seemed to vary from day to day. I would say this was in 2001. Occasionally exercise seemed to help but at other times, not at all.

Then I went back to the Orthopedic Specialist and he suggested that I go for formal physical therapy and possibly see a neurologist. Then I went from December 2002 to I think, February 2003 when I went to a physical therapist over several months. My recollection is that the physical therapy only gave temporary relief.

In March of 2002, I went to see a chiropractor for spinal and neck adjustments. The chiropractor did craniosacral I didn't know about Craniosacral at that time but that's what he used. What I did notice was that I had total relief from the knee pain after those treatments. However, over time the pain would come back. I saw the chiropractor for several months and one of his observations that he made was that it appeared that the right side of my body was "locked up" as he called it in protection mode.

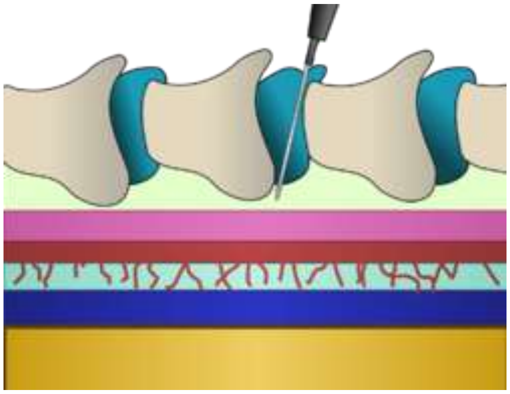
In June of 2002, I went to see an acupuncturist. Treatments were painful but they gave me temporary relief. I tried that for about three visits, but didn't feel that it was really being effective.

Late 2002, I started noticing pain in the right knee and it was starting to affect my ability to walk without limping. I started to notice some tremors in my right foot if I was excited and loss of motor movement in my big toe on my right foot.

Late September 2002 I started to notice pain in my right shoulder area. At that point I went to see my General Physician to review the history of pain in the right side of my body. He suggested that I take MRI's and have more physical therapy.

In November of 2002, I had MRI's of the Lumbar Spine, Head and Cervical Spine. I had those MRI's interpreted by a Neurologist and basically, it was his opinion that I may have Parkinsons. Then I went to see another Neurologist and she confirmed that I had, in her opinion - based on observation - that I have Parkinsons. That was late 2002.

One thing that the first Neurologist that I went to, suggested that I try an Epidural Steroid injection in the neck to relieve pain, and it did relieve the pain for about a week but it came back. So, I actually had three different Neurologists make the diagnosis, because I couldn't believe I had PD. I had a really hard time accepting that I had this disease. But that's been a long story.



What generally did the doctors recommend would be a good path to pursue?

Two of the doctors suggested that I start on medication. They gave me a starter pack of Requip and one suggested that, if Requip doesn't work you could try something like Sinemet Viscerally, something inside of me said that I do not want to go down that route and I'm lucky that my brother is a MD and one of his closest friends is a neurologist.

So I called his friend and had a long discussion about this and it was his suggestion to me at that time to avoid taking any standard PD medications, as long as I felt I could still function without the use of that medication, because of the half life problems with the PD meds, potential side effects, dyskinesia etc. He put me in touch with a woman whose husband was a doctor who had Parkinsons, and said that she is very knowledgeable about alternative treatments.

I called her and must have spent about two hours on the phone with her hearing about her husbands' situation and the various alternative treatments he had tried. That's how I really got interested in alternative approaches to treating Parkinsons. She was the person that turned me onto Janice Walton-Hadlock who has the PD Recovery Site. This was early 2003 and that's where I started my journey looking at alternatives.

In April-May of 2003, I started to take, (based on the recommendation of a friend), Noni Juice. Have you heard of that?

Robert: Yes.

Carl: I tried that for a few months because there was some antidotal information that may help Parkinsons, but I didn't notice any noticeable effect. I stopped that after about three months.

Then in May of 2003, I visited my Naturopath. He suggested I take a product called Recancostat which is reduced glutathione. Not through IV but it is a powder you mix up with water. He thought that maybe that would help. Frankly, he wasn't too optimistic that he could do very much for me

I started taking that, it's Recancostat, and I took that for, let me see, probably two months. I noticed a little improvement but very little and after a while I decided that it wasn't worth taking it any longer.

In May of 2004, I started to see a licensed acupuncturist. The reason I saw him was because I found out after some research that he was familiar with Yin Tui Na, which is the technique that Janice uses for treating Parkinson's, and he knew Janice.

Also he is a qigong master. According to my acupuncturist my qi was weak and he thought some treatments could help.

I stuck with him from May of 2004 to November of 2005. The treatment at times seemed to be very helpful. While I was on the table they would give me some immediate relief and sometimes for several hours afterwards. Also he was conducting qigong classes that I knew nothing about until I met my acupuncturist I felt that some of the sessions were very helpful in terms of quieting down a tremor and just feeling better. It's a long story but he changed his business practices and I decided to try something else.

In June of 2005 I met with a gentleman who was one of the speakers of our support group who is a Physical Therapist who had been learning a technique called, Integrated Manual Therapy (IMT). Are you familiar with that?

Robert: No.

Carl: Well they have been doing a lot of research on Parkinsons and if you go to their web site, you can learn about that technique. I think they have a lot more information about Parkinsons now.

It's a technique where he manipulates various organs and tissues in the body to release toxins, to release stress, to release tremors and to release trauma. I went from June of 2005 to December, 2005.

I think I had about twenty treatments over that time and some are pretty traumatic in terms of helping me out. But again, with all these techniques, the relief was temporary. It may help for an hour, or two, or three sometimes. Maybe a little longer.

Then in September of 2005, we started this thing called the Parkinsons Energy Project sponsored by Parkinsons Recovery. There were a couple of sessions, if you remember, that were very profound. I remember, I think, it was the first time you did craniosacral work on me. I got tremendous relief that lasted up to about six hours after the treatment.

Also, I think it put me in touch with some emotional issues that I had been suppressing. I can't say I got permanent relief but definitely it gave me temporary relief and a lot of new insight to what energy work is all about.

Robert: You've tried so many different things. It's so helpful for people I know to be able to hear all these experiences with all these different modalities.

Carl: In February of 2006 through October of that year, I started to do what was called, Pranic Healing with a wonderful lady by the name of Andrea. Well, *the technique is totally a hands off technique. Basically, they remove blockages along the meridians. A lot of times they use crystals or hand movements.*

Again I would sometimes during the treatments go into a profound state of relaxation. The tremors would stop and I would feel very good afterwards. The effect would last maybe an hour or two or three, sometimes a little longer.

Luckily I had a treatment by the Pranic Healing [Grand Master] who basically heads up the organization in North America. That was pretty profound. I mean that was a whole level beyond what Andrea could do. He worked on me for about an hour I remember. He was lecturing in Portland and Andrea graciously arranged to have him meet me. He and another colleague worked on me. That day I think the effect lasted almost twelve hours. I was almost symptom free.

Robert: Hmmm-How sweet.

Carl: So you know all these things raise fundamental questions in my mind as to what this disease is all about.

Probably the most profound healing experience I had occurred April 2006. I went to a Shamanic Healing Circle, in which a drummer by the name of [Toby Christiansen], who is very well known nationally and internationally in [Shamanic Healing] Circles. Toby and his wife Michelle live in Vancouver, Washington. Michelle is also an excellent healer.

They were teaching a class in Shamanic Healing and at the end of the class they would invite people who felt they would like to be exposed to Shamanic Treatment. In April of 2006 I went to attend one of their healing circles. I was surrounded by probably twenty people, all of whom are trained in various healing arts. Toby led the group with phenomenal drumming. I don't know how you can describe it.

If you go to www.healingdrummer.com or if you Google Toby Christiansen, drummer, I'm positive it will take you to his website.. He's an amazing individual - very well steeped in the Shamanic Healing Arts, as well as his wife. Anyway, it was probably the most single profound experience I had in terms of release of pain and release of anxiety. I basically hobbled into that room but walked out and was symptom free for almost 24 hours.

Toby goes into sort of a trance when he drums and what he saw was… the way he described it was, he saw crystals along my spine breaking up as he drummed. That's the way he described it. So, I'd love to do it again but it was a one time situation. I'd love to recreate it again but they had people from all over the Pacific Northwest who are attending this class and it would be very difficult to get all twenty healers back again.

Robert: Right

Carl: At the same time. It just shows you the power of healing. Oh, the other thing, before I forget, the other thing that I knew this was a magical time. Driving to the Shamanic Healing session, about a mile from the place, all of a sudden I felt this tremendous heat at the back of my neck. Like something was warming me up. And I never, never quite had that experience before. It was just like radiating heat.

Toby said the angels were sort of accompanying me. I literally, I know this is… I heard angels singing, I thought I was crazy until several other people said, "Can you hear the voices?" Literally the angels were singing in the background. I get shivers whenever I even tell this story. Anyway, that was in April of 2006.

In May I started to take a more detailed look at nutrition and supplements. I met a Certified Nutritional Therapist She uses kinesiology to determine what supplements you need. I saw her for several months.

Initially, I thought what she suggested seemed to help a little bit but over time, I wasn't quite so sure. So, I tried that and I think I made a good faith effort but ultimately decided that I needed something else.

*In October 2006 through July of 2007 I was working with a Reiki Healer*Error! Bookmark not defined.*, a very powerful lady. I was taking treatment about once a week from her, and that was, again, I felt extremely good. She saw energy blockages throughout my body and tried to treat it that way.*

More recently since April of last year to present time, I've been seeing another lady for craniosacral treatments, a very powerful healer. Again, I think she has helped release some trauma that's been stored in my body.

I guess I want to say, I mean, all these things, I'm sure have been helpful to me and probably been more helpful than maybe I'm aware of. There are probably things at the subconscious level that have been changing that I'm not totally aware of.

To be frank, starting from when I was first diagnosed till about December of last year, my symptoms, if I'm totally honest with myself, were starting to get worse. I was having more trouble walking, muscle stiffness was just getting worse, tremoring more, and so I really had to face a decision, whether or not I needed to go on medication. While I was getting temporary relief from all these different healing modalities, nothing seemed to really give me substantial, long term relief.

So I think I started to do some exploring on the internet again as I usually start with all these healing modalities and I read a posting by a guy in Canada who had been using this herb called Mucuna. He was getting tremendous benefits from it. He was on Sinemet in the beginning but was starting to experience a lot of side effects. Trying to deal with that issue he found out about this Mucuna herb. It has been used for treating Parkinsons for almost five thousand years.

One thing led to another. I met him. I actually started to communicate with him and then found out that he was going to be in Portland. So, he and I got together and shared a lot of information. He educated me about Mucuna

In January of this year, 2008 I started to take Mucuna and initially it didn't seem to help a whole lot. Then another person said to try it with this prescription drug called Lodosyn, which is Carbidopa, because they felt that the natural Levadopa would not sufficiently cross the blood brain barrier without the assist of Carbidopa.

As soon as I added Carbidopa to the Mucuna dosing, it was dramatic. I'd say within two to three days, much of my muscle stiffness just dissipated substantially. Not a hundred percent but I'd say when the drug the drug is in its *full effect I'd say eighty to eighty-five percent. Tremors at times stopped completely or were very mild.*

The other thing is I was starting to experience a lot of depression in 2007 as my condition worsened. Mucuna made an enormous change. My mood just really elevated significantly. So, it's been a Godsend. It's really changed me, changed my life around.

There's still part of me that, you know, sort of says, "Do I really want to be dependent on an herb the rest of my life?" But right now the trade off is: If I don't take it, I get stiff again. I fall back into a condition that I'm not really happy about. Right now the Mucuna has been very helpful.

The other condition it cleared up immediately was constipation. I was starting to have a lot of constipation problems and within a week that completely disappeared.

Robert: Hallelujah! So how much of the Mucuna and Carbidopa do you take every day?

Carl: I'm taking a pill and a half of Mucuna; it's made by a company called Herbs Forever in California, imported from India. So I take 1-½ pills of Mucuna with 1 tablet of Lodosyn, which is 25mg. I do that twice a day. Occasionally, I'll do it three times a day but I'm trying to see if I can function very well twice a day. Because my feeling is the less you can take of any of this stuff the better and still function, the better it is.

Robert: Right.

Carl: So, that's what I've been doing. You know every day is not perfect, but compared to six months ago, it's like night and day. I'm now walking again. I'm now hiking. I'm more engaged with society again, where I was starting to withdraw.

Robert: Oh that's wonderful to hear Carl!

Carl: But I'm still looking for…even though I've had so much good benefit from the Mucuna. I'm still trying to see if there's something else out there that would be a more permanent solution and I wouldn't have to rely on that for the rest of my life.

You've given such an eloquent description of all of these many, many different therapies and modalities that you've dealt with and had for a number of years like shamanic drumming, craniosacral therapy and acupuncture. Are these things that you did before 2000?

The only thing that I did before 2000, I think I did use acupuncture a couple of times from a sore elbow that I had but no, actually all these different healing modalities, I didn't even know about, never investigated until the Parkinson's.

Can you talk about a bit, exactly what you're doing now? It's of course the Mucuna, the Carbidopa. Are you still doing the craniosacral?

Yes, I'm still doing the craniosacral

Robert: And, sounds like walking and exercising?

Carl: Walking, exercising.

Are you taking supplements of one kind or another?

Yeah. I'm taking supplements, not so much for Parkinsons, but just for general health. I take a multi-vitamin, C D, E, CO-Q10 (that I take for Parkinson's). I'm a big believer in fish oil so I take fish oil as well.

Are there any dietary rules that you have for yourself that are important?

Not particularly. I think I eat less now than I used to. I think I've been trying to watch my weight more carefully now. I've never been a real big meat eater. I tend to like fish a lot more. I probably eat more fish and vegetables than I probably did five or ten years ago. I drink lots of water. That's the other thing I think is important. But no, I can't say I'm on a special diet.

Maybe I should be, that's one of the areas, there's a couple of areas that I feel like I haven't really fully explored. One is whether diet change would help.

The other area that I've never had any formal diagnosis is on toxins, whether there is anything in my body. I've been told by various healers that my body has been pretty well detoxified through all the different treatments, but I've never had that, you know, chemically confirmed by a test. Maybe I should do that.

Robert: It sounds like relative to several years ago you're really doing a lot better.

Carl: Yeah, I have to contribute a lot of it to the Mucuna right now. Like I said, up till the end of last year I was, if you had met me in December of 2007, I was in pretty bad shape. Both emotionally and physically. The Mucuna in combination with the Lodosyn has really made a dramatic change. Very dramatic.

Robert: That's so amazing.

What would you say to anyone who's just discovered that they've been diagnosed with Parkinson? What kind of help, insight, comments would you want to make to them?

Well, my experience with this disease, whatever underlies it is so unique to the individual that you have to do a sort of serious self assessment about your lifestyle, about you approach, your thoughts about this disease.

I would certainly recommend trying to stay away from the traditional drugs as long as you can and still function at a level that allows you to be happy with life. In hindsight I think, I wish in the early, early stages, I had known a little bit more about energy work. Maybe that would have delayed some of the symptoms on-setting. But then again, who knows?

I don't know what to say because when I talk to people, different people have different reactions to different therapies. Things that's worked for me, I've noticed that other people have tried it have not had as good effect and vice-versa. There seems to be a very, how do I say - individualistic (if that's a word) component to this disease or this condition.

You have to sort of figure it out. There's no magic formula as far as I can tell, I mean, there's no magic cure. It may take a multiple healing approach. One thing I should mention, that I do feel strongly about in terms of trying to heal or recover from this disease, is that I think it really takes an intensity *of treatment that our traditional medical system is not set up to handle. Certainly not cost wise.*

I recall a story that Toby Christiansen, the drummer, told me. He was trained in Africa by a very powerful shamanic healer in East Africa. And he said,

> *"Carl, if you had Parkinsons and you lived within the tribe that I was trained in they would work on you every single day until you recovered."*

And that was part of their society. That's the way they treat people. They didn't care what it cost or what the burden was to the tribe but that's the way they would treat people. We're not set up that way. You know the medical system is set up to try to keep you away as much a possible from getting what you need. So, my feeling is, particularly after the PEP study.

Robert: Which is the Parkinsons Energy Project for people who don't know.

Carl: …it would have been interesting if could have done the PEP study for a full year instead of meeting every other week or every three weeks or so. We could have done this several times a week for a long period of time.

Robert: That would have been awesome. Wouldn't it?

Carl: …what the outcome would have been after that. Because in talking to energy healers and people…it's sort of like this disease; this condition needs an intensive frontal attack or treatment mode intervention in order to really reset the body.

The body has gotten so conditioned with holding muscles in tension, trauma holding whatever it's holding and the organs and tissues are so bound up so tightly that just seeing somebody once every two weeks or even once a week, I don't think it's enough.

It's almost like the person has to go into a special treatment center for some extended period of time in order to maybe overcome some of the trauma that's associated with Parkinsons.

Robert: And to be able to reset that thermostat.

Carl: And re-set it. Right. And I don't know how we can do this. I mean, certainly there's no insurance company that's going to pay for six weeks of drumming.

Robert: (Laughs) or one week.

Carl: …or one week or even a few days. So, that's what I see is the dilemma or frustration I have personally about how to treat this condition.

Robert: Well that's all fascinating Carl. I have come to the conclusion too that commitment makes a huge difference and that the modalities do differ across individuals. What one individual responds to may very well be different from another individual.

The best thing I can do for people is provide mountains of information about all the alternatives that are out there and encourage people to make decisions for themselves about what's going to work for them. You're such *a model for that, of somebody who has gone out and experimented with many different approaches.*

Is there anything that you've regretted doing? Or trying?

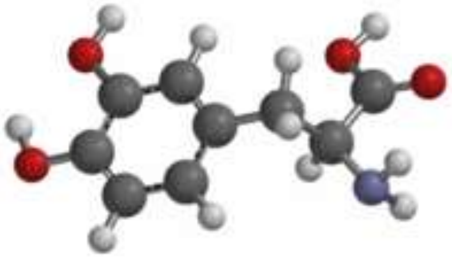
Carl: In terms of healing modalities?

Robert: Healing, medicines … you name it.

Carl: No, I can't say that I have any regrets. I mean. Disappointments? Yes. Things that I was optimistic in the beginning and thought, ah … this is going to be it and turned out not to be it or only gave me very temporary or slight relief or no relief. You know, it is trial and error. No, I can't say I have any regrets.

My biggest regret is the way our medical system is set up. It tends to favor very conventional approaches. I'm not saying that traditional Parkinson's meds don't work. They certainly do for a lot of people. They give them relief from symptoms. But there's a price to be paid with that for most people over time. And it's usually side effects and the wearing off of the effectiveness of those drugs over time.

Robert: The advice of your brother's friend who was the neurologist was quite fascinating, encouraging you to try to stay off them as long as possible.



Carl: Right. Yeah, and I think more and more neurologists will say the same thing too. If you can stay off and still have quality of life, stay off them. You can always go onto them if you really feel you need to. Frankly, I would probably, instead of going on

Sinemet, I probably, as I've done personally after five years, started taking a more natural form of Levadopa.

Is there anything we haven't talked about that you want to be sure and talk about?

No, I can't. I think I've pretty well covered it all. Just follow your heart. Follow you inner-wisdom as to what you need, is probably the best advice I could give anybody.

Everybody has lots of opinions but ultimately you have to be the decision-maker. Oh, the only other thing is. This is a condition I think you need to take control of in a sense of making your own judgment and not being overly swayed by professional advice when intuitively you know it might not be the best thing for you.

Robert: You are a very, very wise man, Carl. There is such wisdom in everything you say.

Carl: Thank you.

Robert: Well, I want to thank you from the bottom of my heart for taking the time and talking about all of you experiences. They will be invaluable to so many people to hear all of the experimentations that you've had from trying one thing and trying another. Hearing about what the results have been and being able to hear that it is possible to feel better.

Carl: Well it is. There's no doubt about it. There are avenues to feel better. I'm hoping that somehow the collective wisdom will lead to an approach or approaches that give people more permanent relief from the symptoms of

Parkinsons. And I believe there are. It's just a matter of finding the right combination.

Robert: Right. My goal is to see if I can entice more people like you and your friend from Canada to tell their stories about what they've done to feel better. Merging all of this information together I'll be able to have some useful guidance and suggestions for people with Parkinson's.

Taube

How has your Parkinson's evolved? When it was discovered? What are the symptoms and how has the situation been for you?

Well about a year ago, I wasn't feeling well one week. But it was sort of hard to pinpoint. Just sort of an odd feeling.

Then, one morning I woke up and my whole body exploded into palpitations. It was the skin that was palpitating; it really wasn't a tremor. It was just the skin that was moving up and down, which is obviously pretty frightening. That went away.

I did go to the doctor immediately and they didn't know what it was. The following week I started going to different doctors to check out, my gosh, what was this all about? Within a few weeks, I really did not have tremors; I didn't exhibit any Parkinson's symptoms.

But, one of the neurologists did put a label on it. And of course that was devastating to me. I didn't believe her. She said that she really didn't know but it was a possibility.

So I found another neurologist. The second neurologist said the same thing. She was more vague and said it could be but it was certainly too soon to tell and it was hard to know. Certainly neurologists don't know everything and only time would tell because it was too soon.

Time did tell. As it progressed the tremors got worse. My posture is the one thing I've noticed about myself even before this episode. My posture became terrible. I was feeling fine, walked fine - no problems here. But my posture got really poor.

So, I went to a trainer to help me straighten out my posture and improve my posture. I was always into physical fitness, exercising and going to the gym. Those are the only things. The way I walk, the way I swing my arms - everything is fine with me even this day a year later. The tremors are the main symptom that I experience. And then it did get worse. And that's how it all started.

So, you've responded by getting a lot of good medical advice and attention. What other kinds of thing have you done in response to this medical challenge?

One other thing I failed to mention is - I did have an MRI because no one could really figure it out. In the beginning it was just too hard for them to identify. We all know that there is no test for it. So, I had a MRI done on my brain to see if there was something there. I had an MRI done on my spine.

I'll tell you how I found out about physical therapist because I think that was most interesting for me and the whole thing has been a learning process day by day. There are physical therapists that just deal in this area. Fortunately, I found one that is fabulous and she is right near my office. I can zip out at the end of the day, the middle of the day, whenever my appointment is.

She did a thorough hour exam - in some ways more in depth than some of the doctors and neurologists did. She came up with a plan of action for exercising the parts of my body that are weak and need more strength building. They take my blood pressure every time I go. They evaluate me.

In a way I feel a difference. I've only been doing it a few weeks but I can tell a difference. Some of the exercises that she's giving me in the beginning are really hard to do. And I thought, oh, I've been exercising all my life. I'm strong. Some of them were hard to do. Now I'm finding them a little bit easier to do.

Your physical therapist is not doing the physical exercises for you. She is just showing you which ones to do?

Well, I go and she shows me how to do them. It's an hour appointment and then I do it. It's like anything else. I only go twice a week but the reality is it's up to the individual to take control of their own life. That's how I feel about it. She gives me the exercises and I do them at home. But she makes sure that I'm doing them correctly. But she gives me the program.

There are people that just go to physical therapy and that's the only time they exercise. It's not going to work twice a week. It's not going to work three times a week. You've got to do it on a daily routine.

Some of them are balance exercises. I don't have a problem with balance but she gives me balance exercises. She gives me eye exercises to do to make sure I'm keeping what I have and that there aren't any problems. She gives me a number of different exercises to do.

The problem is that your body gets tight with this disease so you want to keep yourself flexible and loose. I was really having back problems occasionally and I find that has lessened interestingly. I get out of bed. Oh my back. Now that doesn't happen.

I do my exercises every single morning. There's never a morning that I don't do them. It's fifteen-twenty minutes, so you do have to commit to fitting that into your routine. You just have to keep doing it. So, that has helped.

I know there are Parkinsons support groups. I had a hard time just going into a support group. I mean no one knows what anyone's future will be with any disease. I just didn't want to see what possibilities could be out there so I had a hard time going to any kind of support group.

Then a niece of mine who is an optometrist told me one of her patients had Parkinson's and was telling her about an early onset group. There are groups that have developed that are just for people who are newly diagnosed in the last year or two.

So, I found a local group and went to a meeting. At the meeting there was a physical therapist as a guest speaker who specializes in Parkinson's. That's how I knew that even existed. No one told me about it. I think for anyone, if there's one in your area, just Google it. I think that is really important. To find your tight spots, where your problem areas are and how to work on that.

Robert: Wonderful idea.

Yeah that has been extraordinarily helpful. And what else do I do?

Since this happened a year ago, I started meditating. I'm not good at doing it by myself so I would listen to meditation CD's. When I thought I needed surgery, I bought this fabulous relaxation tape Preparing for Surgery (the name is misleading) by Peggy Huddleston. Whenever my shaking was in high gear I would lie down and listen to this tape. It immediately calmed me down.

It also helps me when I wake up in the middle of the night to get me back to sleep. With PD there are so many things to put into my life now. Having something that works in 20 minutes rather than an hour is wonderful. It was such a wonderful CD and it was only 20 minutes, which was great. I used to listen to it every single night and it really relaxed me.

A friend of mine told me about Holosync. It is supposed to help you get into a deeper meditation. It's expensive but I decided that I needed to try whatever means I could to help myself. So I bought this tape or CD and I've been listening to it about three weeks and I will not go to bed - I don't care if I'm home at 11:30 at night – without listening to it.

I do fall asleep during many times but they say that's ok. They say it helps you in a lot of ways. Certainly they don't talk about any illness that they're going to help you with, but it just really helps you get into a deep meditative state.

I would say that when I am meditating I do not shake. When I lie down I don't shake. When I sleep I don't shake. I guess it is pretty symptomatic that you're not supposed to shake.

I don't have a problem sleeping. They say that Parkinson's patients have a problem sleeping…I never had a problem. I don't know if it's the meditation *tapes that I was listening to or the relaxation tapes but I just don't have a problem.*

Do you recall how much the Holosync tapes cost?

The CD tape is like $179.00. What I've come to understand is that you listen to different levels. Now I realize they're going to try and sell you more levels. I just started with this and even if I keep the same one over and over, it seems to be helping.

Where did you purchase the Holosync CD?

A friend of mine gave me the sample and I don't have the name. It's called Holosync. I don't have the specific information, but I can get that for you. But they don't claim and I don't claim that it's going to do anything, although I did have a great business idea, so it helps you on all kinds of levels…

Robert: Ah, so it helped in that way?

So, whatever works. You know I thought, oh my God, this is terrific. I came up with a great business idea. And it does make me feel good. You know, I will say, I don't watch TV anymore. I don't really read anything other than about getting help here. But the exercising and the meditation are like primary.

The other thing that I've been doing… I know people that have gone to the Hippocrates Health Institute in Florida. Usually anyone can go there. Healthy *people can go there. The people that tend to go there are sick with some major diseases.*

I know someone who went to this health institute with another disease, not Parkinsons and really they helped her immensely. It's a raw food diet and I'm pretty much a vegetarian, although I started eating macrobiotic when I heard about this disease. That was the other thing someone had put me into. I'm scheduled to go there.

One of the things they profess and talk about is eating - drinking wheat-grass juice. A friend of mine gave me her wheat-grass juice, so now twice a day I take that. I have to say that for the most part I feel good. My tremors are still there but I'm working on it. I'm working on it.

Sometimes I feel a little better and other days, not so. But, as I've been told whatever caused this - however this happened to me - took a long time. It did not just blossom one day. Obviously, there was something in my system. It may take a while to control it. I do believe as I continue on all the things I am doing one day this won't be here.

What do you suppose might have been the contributing factors that created the symptoms for you?

I have no idea. I mean, people are shocked. Not many people know about this, except for my immediate family and friends - or some friends. Lot's of people in business don't know about this because I'm healthy.

I've always exercised. I've always eaten a good diet. I've always gotten plenty of sleep. I have no idea. I mean, there's no idea. Someone looked at all the blood work *that was taken and said*

> *"Oh my Gosh, you're healthy!" and I am.*

When the doctor many years ago said, "You have a little bit of a cholesterol problem" I didn't take medication. I decided, well, I can do this with food and I dropped it with food. I ate more salmon. I ate more vegetables or flaxseed. You know there are certain things that they say, cereal, and oatmeal. And it dropped.

I have no idea.

Are you currently on prescription medications of any kind?

I'm on one prescription. The doctor wants to put me on another one but I haven't started it yet. He just gave it to me last week and I'm thinking about it. I'm on Azilect which supposedly - even though it's not helping the symptoms - slows the progression. Supposedly. I don't know. Obviously, I won't know for thirty years!

When you say you do eat well, could you provide any specifics on that? I mean, steak, mashed potatoes, French fries, milkshakes. What is it that you like to eat? What do you try to avoid?

Well, the healthier you diet - vegetables and fruit - I think the better. This place that I'm going to and that I'm trying to eat now is this raw food where you're eating more raw vegetables. That probably isn't for everyone but I would say 80% to 90 % of your diet should really be vegetables and fruit.

Robert: Fresh vegetables and fruit.

Fresh vegetables and fruit. I mean, I do grains and beans because I was starting on the macro diet. But you really have to look at what you eat. Is it worth the French fries? You have to keep your body in shape. You have to keep your body in shape. I think eating healthy is important. You know, dairy products are really not good for you.

But I don't want to propose to people what is good for them. I think they need to talk someone. Talk to a nutritionist, whose expertise is in dealing with Parkinsons. However, I tried to do that. I couldn't find one. So, I wish people good luck. The medical community doesn't seem to think that there is a correlation, so you know they just say eat healthy.

The other thing that I'm on is the vitamins. I forgot about that one. I was told in the beginning that there were some studies saying that the Co Q-10 can slow the progression. So, I started by taking 900 - one of the neurologists said you could take 900. Then I went up to 1200. It's very expensive and there are ways of getting it a little less expensive at different stores. You really have to do some research to find where you can get the best price on Co-Q-10.

The reality is, some doctors say take it, they don't know. Other doctors' say don't waste your money. So the medical community is still out on that one. I take a number of different vitamins. One, someone told me, is grape seed extract. I just started taking that.

I'll read an article somewhere and some doctors say, "Try this." and I'm up, fine. I'm buying that. I am so up. Someone says,

"Drink almond milk and make your own almond milk." I'll try that. I mean you have to be open and then make decision on what you can afford, what makes sense to

you. Eating organic is really important. I know it's very expensive in the summertime.

Robert: And what's right for your body as you mentioned too.

What's right for you body and what you can afford. Now I'm on grape seed extract and B vitamins. Everyone is different, so I would never profess to tell someone what they should be taking. You really should be doing your research.

So, for Vitamin B, you take Vitamin B6, B12, Folic Acid?

Yeah, it's called B50. It was a doctor out of Florida. A friend of mine told me he has a newsletter, and they all say it may help with the symptoms. That was B50 and grape seed extract. I think 100mg. So now I'm taking that.

Robert: So this is something you actually get from the doctor in Florida?

No, I don't get it from him. I just buy it in the drug store. He writes a newsletter. It just happened to be that this doctor wrote a newsletter, and a friend of mine told me.

You mentioned wheat grass. People may want to know can you get that at the grocery store or the co-op. How do you get wheat grass?

No, it's interesting. I'm lucky in a lot of categories in life. There is a gentleman who grows it himself and I knew about that and I buy it from him. It looks like tall green grass and it's got a very sweet flavor to it. But I noticed it in one of the food stores. I don't want to mention it, but it's in a food store.

Robert: In glass containers or…?

No, in plastic containers, in produce. I guess like anything else you just have to start Google-ing. I don't want to say that this is an answer. It's just that I do feel better than I have and so, things take time.

I don't have a lot of patience. It's not one of my strong …You'll see that I do a lot of things but patience is not my strength. I think well, let me do this, this and this and I'll be better next week. You know, this will all go away. Well, it will take time. So I just have to have patience and that's it.

Is there anything else that you wanted to be sure and mention or talk about that we haven't hit on so far?

Something may not have worked for me and they may have worked for someone else, but I don't know. I think you have to do your own research. I think the doctors are looking at it from a medical standpoint as a scientist. The doctors, you know…when I said to my doctors, I showed him all the supplements and what I was doing he said, "Boy that must be awful expensive," because they don't believe in it. He said it's fine to do it but they don't believe in it.

You have to be your own advocate; you have to do your own research. Talk to people. Find out what works for you.

The one thing the medical community does agree on is the exercises. They don't say what to exercise or what to do. That's why I think if you go to a physical therapist and find out what particular part of your anatomy there's a problem with, they can help you improve that and work on that. I think the strongest thing I would recommend is find a physical therapist that specializes in this area. I did go to another physical therapist in the fall. But that was not their specialty.

Robert: Ah, interesting.

I didn't even know this existed (physical therapists that specialize in Parkinson's). That would be the number one. Because I think the exercising is very important.

Robert: Your theme is entirely comparable and consistent with what we've been thinking. Each person is unique. There are so many alternatives out there. There's a set of alternatives that are the perfect set for a particular person but it may not be right for somebody else. So, what we've initiated as a mission at Parkinsons Recovery is to collect all this different information about alternatives to help people sort through what's available so they can make decisions for themselves. It's really very empowering to be able to do it that way.

100%. I mean, I get every book that comes out. Someone says get this book. A man from Australia wrote a book. I mean, I'm ordering whatever…Oh, all right, I'll try that. And I read it through and I have to read more closely but you have to make decisions. Some of the things in the book, I was nervous about taking, I mean, I'm sure there's nothing wrong with it but I wouldn't do that, you know. So you have to look and make your own decisions about what works for you.

I just think the exercising, I know is very important. That is without a doubt, and that the medical community does agree on.

Robert: That is what we argue too and that, as you point out so eloquently, what's key is for a person to find the type of exercise that they'll actually do and they'll enjoy…whatever that may be.

Right. Because I want to do what's right. I don't know how to swim but if learning how to swim is going to help me I'm going to learn how to swim. They said whatever you do, if you walk everyday…Walk, fine whatever you do.

The physical therapist will find out what particular part of your body is weaker. I was exercising, but there are particular parts of my body that are weaker that need to be developed. That's what they will help you find. Then you just have to get up in the morning and do it.

I don't think about it. I just get up and I have my little routine and I'm fortunate that I can go into work later.

I asked the following questions of Taube after her return from an intensive three week visit to the Hippocrates health clinic in Florida. Please tell us about your experience at Hippocrates Taube.

Hippocrates is a health institute. They are not a medical facility although they do some blood work when you show up and they do follow-up blood work when you leave.

They believe in raw food and that food really heals the body. It is a vegetarian way of eating that is raw: spouts, vegetables, nuts and juicing.

Wheat grass is the main component and having juices of kale, celery, cucumber and sunflower sprouts and maybe a few other things that you are supposed to have twice a day.

If you eat this way, you can cure your body. They work successfully with a lot of cancer issues. They also work with other diseases. I am not sure what they have done or how successful they are with Parkinson's but it is an extremely healthy way to eat.

Was this like a hotel that you stayed at?

They have little houses like cabins, so I stayed at one of the houses. You go in their meeting rooms and a cafeteria where you eat. They also have ultra red saunas to help get rid of the toxins in your body.

They have massages – different kinds: Reiki, cranial -- they do a number of different massages. They do all kinds of things. They believe in the spiritual.

They believe in exercise. They have a fabulous pool system with salt water, warm water and cold. You go from one to the other to the other.

There are a number of things that they do there. The food is a large component but they really believe in the spiritual and emotional part as well as the physical part.

It is a health institute. They do not claim to be medical people. They have helped a lot of people with a lot of different ailments.

How long were you there?

The program is three weeks. I was there for three weeks. You can go for one week, two weeks or three weeks. I chose to go for three weeks.

You can't sneak food you are not supposed to eat there? You are supposed to stay on their dietary regimen?

You are an adult so you can do whatever you want. Nobody watches you. It is all on the honor system. You are putting yourself in this position and you have a reason to be there. There may have been people who ate other things. I did not have a car and I pretty much stayed on the premises. There is no gate at the door.

Overall, was this a good experience?

It was fabulous. For me it was not only the food part but the emotional part. It has been difficult for me dealing with Parkinson's and letting people know. My biggest symptom is the shaking, the tremor. It was very hard for me.

It is a very loving, supportive atmosphere. I learned as much from the guests as I did from the staff. The staff is amazing – the kindest, nicest people I have ever met in my life. I learned as much from the guests.

They were accepting. There was no judgment. There was no

> *"Oh my God you have that – how terrible"*

But rather, oh, OK. So,

> *"How are you doing?"*

It was just more matter of fact. It was an upbeat environment with a focus on eating healthy, eating in a certain way.

Did you get some relief from your symptoms?

I am sort of a one track person. I went there thinking

> *"My tremor is going to stop. My tremor is going to stop."*

Everyone at home said -

> *"Don't set yourself up for disappointment."*

And the tremors did not stop. I went to my neurologist when I returned (I had an appointment scheduled) and a lot of my symptoms had left. I mean – the physical part. She had me move your fingers, do things, walk. She saw an improvement in everything.

I exercise a lot. I do a lot of other things. I think it is a part of a total package, but it certainly made a difference.

Have you been able to keep up with the dietary regimen?

It is so hard. I work part time now. Yes, for the most part, yes. But, it is not easy. It is not easy because you are cutting and buying, cutting and buying. It is not easy. It is very time consuming, very time consuming. I am trying to do it.

There is a big raw food community in Boston. I am looking to hire a raw food coach to maneuver the landscape of all this.

There is equipment. They dehydrate food. There is a lot of equipment I needed to buy which I purchased.

They show you how to do all of that at the clinic?

They do. It is an institute. They do. But, a lot is up to you to figure it out.

They have classes all day long. You choose to attend whatever you want. They go over everything with you. It is almost so overwhelming. Even if you were healthy before you got there it is still a bit overwhelming the first week. You are in class – I am not sure for everyone (or for me anyway) how much you comprehend. They give you a notebook.

They are very open. When I have questions I call them. They will respond to me.

This is after your stay?

Yes. Once you are there for three weeks you are considered an alumni. They are there for you.

People will probably be interested in the cost. Do you recall what the cost is?

They do not like us to discuss price. I had a private room and I shared a bathroom. There are different shared rooms. There are different prices and I think the prices are going up. It was not cheap but it was not as expensive as one would think.

They make it cheaper the more time you spend there. They want you there. The different between two and three weeks is like $800 which is very inexpensive.

If anybody is interested they should contact them directly.

It sounds like you certainly did not get bored?

Oh my God no. The people are interesting. Their activities are 24-7. Finally in the evenings I just had to go back to my room. Even by the end of the day I was back to my room and there were infrared saunas in the house that I stay in. At the end of the day I would go in there for a red sauna for a half an hour.

There are classes. People get up at the crack of dawn. They have all kinds of exercise: Tai chi, Pilates all kinds of exercises.

So it is really a holistic program?

It is really a holistic program. They cover all the bases. Again, it is up to the individual to decide what works for them.

It sounds like if someone has three weeks and a little money to spend this might be something they might want to consider?

That is right. They would. Like many people with Parkinson's I am just looking for an answer. Whatever I think may help I am going to try.

The thing is you have to be committed to following this. You can come home and eat hamburger. You can come home and eat junk food and I am not sure it is worth it. But if you want to learn a new way of eating this can help you.

The diet then does not include meat?

No. It is a vegetarian diet.

And no fish?

Right

No chicken?

No

It is all vegetables and fruits.

They are not much into fruits. There is a lot of sugar in fruits. So, they are not into fruits either.

No caffeine?

No. No. No.

No alcohol?

No. No. No. No candy. Nothing. Just nuts and … A lot of people who go there go to lose weight. But it is a lot to keep up with when you get home. This is not an easy process.

It sounds like this particular facility is attracting people who want to lose weight and individuals who have cancer and obviously other conditions. It is clearly not a program that is attracting a lot of people who have Parkinson's, but sounds like some are going?

Well, there are some. It is not just people who want to lose weight. There are diabetics who attend. They are trying to change their image.

The baby boomers are getting older, wanting to be healthier and stay healthy. They are trying to attract that population who want to learn how to eat healthier and maintain their bodies.

But, I would say the majority of people there had some medical issue they were dealing with.

For me now it is a matter of what works and what does not work. You know, what I can keep up and what can I not keep up. What else can I add (healthy) to my diet?

Will you be going back down there?

You know I would. I would definitely go back down there. First of all, it is a refresher course. We all need a refresher course. I would definitely go back. There are people who go every year.

How did you find out about this?

I have known about this for a long time. The gentleman who is the director, Brian Clement, has been to Boston. He travels all over the country speaking at local little groups. If you go on their website it tells last June or May he was in California going up and down the coast. He was in LA.

I have friends there who went to hear and see him. He has traveled all over the world actually and goes to a lot of small communities. A friend of mine knew about this and she invited me to hear him speak a number of years ago, so I knew about this.

Is there anything else you would want people to know about the Hippocrates experience?

It is just that it was a big commitment. It is a very healthy way of eating. I don't know about Parkinson's. No one has said to us you must eat fish. You must eat meat. You must eat eggs.

I wish there was someone who had done research on nutrition. You are told to eat healthy. What does healthy mean? To some people healthy is a piece of fish and salad. To other people healthy may be a piece of meat.

There is no one to tell you for Parkinson's patients that you should be eating more eggs or you should be getting more protein or you need something. There really isn't anything out there.

Right. There are also some confounds with proteins and issues regarding conflicts with certain medications that are taken. So, it is a pretty complicated area.

I am one – you tell me what to do and I will do it. There are no ifs, ands or buts. I am there. I have tried a lot of things. It is like uncharted territory for me. I do not know.

I have fish three times a week for Parkinson's patients? I am into the fish.

They believe chicken really isn't good for you. There is a book called the China Study that talks about that.

Parkinson's is different than other diseases. What does eating healthy mean? You can talk with 10 people and perhaps get 10 different answers. And there is psychological health. There are so many avenues. I am willing to look and try and to some degree you have to figure it out for yourself because there is no science to it yet.

The emphasis at this facility was clearly on fresh foods, raw fresh foods. This is their calling card and it sounds like they have had good success with their alumni?

Unbelievable success. Unbelievable success. Unbelievable. They do not make any promises because they do not know what people are going to do when they get home. It is not easy. It is not easy and yet it is easy. You have to be able to just sit down and figure it out and just do it.

When you are eating food that your body needs and loves you are going to feel better, so that is a motivator in itself?

It does. I have had a few flare ups in terms of my symptoms. I am not sure what that was in relation to. I just don't know.

And, they are into supplements. They believe that there are certain supplements (depending on whatever your issues are) that they encourage you to do.

Wheat grass is a big thing and I do the wheat grass. I do wheat grass twice a day, morning and night.

You buy the wheat grass at a local health food store?

Actually, I buy it from a local guy who grows it. I pick it up from him once a week. A friend of mine has it delivered to their home from California. You can buy it in the stores.

Then you juice it?

You have to have a special juicer for wheat grass, not just the normal juicer.

The one thing I will share too is that I have never had high blood pressure. It was always border line or a little higher in the last year or *two but not high enough to take medication. When I came back I went to my primary care physician for a general check up.*

He could not believe my blood pressure was 125 over 80 – the first time. Usually they have to go back and retake it. That impressed him.

That is a motivator to eat healthy food if it is raw, isn't it?

Right, so the healthier you keep your body …

Getting back to your original question – what does it do for your symptoms? I don't know. I am just starting on this path. I don't know. I wish there was someone ahead of me who could tell me.

You are one of the pioneers.

I guess.

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